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Native American Indian Perspective of Euroamerican Therapists' Behaviors

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NATIVE AMERICAN INDIAN PERSPECTIVE OF EUROAMERICAN THERAPISTS' BEHAVIORS

by

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This dissertation, submitted by Jayne M. Lokken in partial fulfillment of the requirements for the Degree of Doctor of Philosophy from the University of North Dakota, has been read by the Faculty Advisory committee under whom the work has been done and is hereby approved.

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ABSTRACT

The American Psychological Association has identified three areas of skills for cross-cultural competency for psychologists. Those areas are knowledge of self and one's own culture, historical and current knowledge of other cultures and specific technical skills. This study addresses the area of technical skills in a cross-cultural situation, Euroamerican therapists working with Native American Indian clients. Many authors have theorized that individual counseling is not a useful modality to Native American Indians. The method used in this study was a role-play counseling situation between Native American Indians and Euroamerican counseling and clinical psychology doctoral students followed by a post-session interview. The interviews were transcribed and analyzed for recurring themes. The results indicate that therapists must attend to three aspects of an individual: the idiosyncratic, the culture-specific, and the universal. The Native American Indian participants reported that therapist relationship building skills were important. If they did not feel connected to the therapist, they were not willing to disclose their problem nor take any of the therapist's direction. Self-disclosure by the therapist increased the

participant's trust of the therapist. Direct eye contact by the therapist was viewed in a variety of ways; some of the participants wanted direct eye contact and other participants felt uncomfortable with it. Consistent with current literature, Native American Indians wanted structure and direction regarding the counseling process from the therapist, but they wanted to define the outcomes, not have outcomes imposed on them. Native American Indians differed in their desire to talk about their spirituality and traditions. The Native Americans in this study reported that although they could see some possible negative consequences of individual therapy, their general belief was that it would be useful in helping them resolve problems.

CHAPTER I

INTRODUCTION AND REVIEW OF THE LITERATURE

Introduction

Cross-cultural dyads consisting of Native American Indian clients and Euroamerican counselors are common, particularly in North Dakota. Yet there is a paucity of empirical knowledge about those therapeutic relationships. According to the North Dakota State Department of Human Services (Schwindt, personal communication, January 19, 1995), 2098 Native American Indians were served by the eight regional human service centers and 386 Native American Indians by the State Hospital in 1994. There are very few Native American Indian counselors, resulting in those American Indian clients being served in a cross-cultural context. In this review, I will discuss how cross-cultural counseling is conceptualized, what type of research studies have been done in this area, and the current status of assessment and evaluation of cross-cultural competency.

The American Psychological Association's Board of Ethnic Minority Affairs was formed to address the inadequacies and needs in cross-cultural training for psychologists. This Board recommended identifying and assessing cross-cultural competencies of psychologists. The

Education and Training Committee of Division 17 identified three characteristics of a culturally skilled psychologist (Sue, Bernier, Durran, Feinberg, Pedersen, Smith, & Vasquez-Nuttall, 1982). The three areas are the same as those identified by the American Counseling Association (ACA) to assess competence for counselors in multi-cultural issues. They are: (1) self awareness, how one's values, beliefs and culture influence one's approach to counseling; (2) specific historical and current knowledge of other cultures; and (3) technical skills used in cross-cultural therapy. The design of this study addresses the area of specific technical skills, that is, which behaviors on the part of the therapist are effective in cross-cultural therapy situations, specifically cross-cultural dyads of Native American Indian clients and Euroamerican therapists. Native American Indian clients will be interviewed following a role-play situation about their perspective of the Euroamerican therapist's behaviors in that situation.

Review of the Literature

Several authors have written about the issue of cross-cultural training and evaluation (Nwachuku & Ivey, 1992; Burn, 1992; McRae & Johnson, 1991; Ponterotto & Casas 1991). All agree that we are far from being able to measure competence in the areas specified by the American Psychological Association and the American Counseling Association, and that each area presents particular

difficulties in measurement. Reviewing the available literature reveals that of the three, the area that has received the least attention is that of specific technical skills which would be useful in a cross-cultural situation.

A conceptual framework is useful in exploring assessment and evaluation of cross-cultural competency. It is possible to conceptualize cross-cultural counseling in two ways. They are the universalist and the culture-specific approaches (Nwachuku & Ivey, 1992; Fukuyama, 1990; Locke, 1990; Ponterotto & Benesch, 1988; Lloyd, 1987; Ivey, 1987; Parker, 1987). Those espousing the universalist approach operate on the premise that people are more alike than different and that there are themes and processes shared by everyone, regardless of culture. The culture-specific approach asserts that individual differences are synonymous with cultural differences (Leong & Kim, 1991). This study will use a culture-specific approach by examining the American Indian client's perspective of counseling and Euroamerican therapists.

Those holding the culture-specific perspective assert that many assumptions true for one culture will be inadequate in addressing the needs of another culture. Nwachuku and Ivey (1992) used a culture-specific approach in their study of a cross-cultural training model. First, counseling must be approached from the frame of reference of the client's culture. Second, the counselor must consider

how a particular culture views helping relationships. Finally, the counselor must identify traditional methods of problem solving within that culture.

There are others in the field who believe that we can best be served by using both approaches (Locke, 1990; Ivey, 1987; & Parker, 1987). Furthermore, Locke (1990) asserted that counselors must not only take into account cultural differences, but individual differences within a culture.

Universalist Approach to Cross-Cultural Counseling

Fukuyama (1990) advocated use of the universalist approach in cross-cultural counseling situations, stating that counseling processes go beyond differences between cultures and can best be addressed through identifying commonalities among people. Ponterotto and Benesch (1988) asserted that cross-cultural counseling needs a conceptual framework that transcends culture. They stated that this framework could include the following: identification of the client's problem, personal qualities of the counselor, client expectations, counselor credibility, and counselor techniques. Klineberg (1983) also advocated the use of the universalist approach to cross-cultural counseling situations. He identified four qualities as important in any counseling relationship and believed that these qualities would be effective in a cross-cultural relationship as well: 1) empathy, 2) skill in communication, 3) sensitivity to

non-verbals, and 4) informing the client about the nature of the counseling process.

Sue and Sue (1990) used the universalist perspective and identified a five stage model of Racial/Cultural Identity Development. They suggested that assessing the identity development stage of the client is important in determining therapeutic issues and goals. The cross-cultural therapist has different tasks at different stages than does a therapist of the same culture as the client. Therefore, this model does not assume that a therapist will be ineffective based on his/her culture, merely that he/she must be aware of the impact of culture on the relationship. It is also important for the therapist to know his/her own stage of development in the racial/cultural identity model.

Numerous authors (LaFromboise, Trimble, Mohatt, 1990; Heinrick, Corbine, and Thomas, 1990; Herring, 1990; Johnson and Lashley, 1989; Edwards and Edwards, 1980) have agreed about the usefulness of assessing the level of acculturation when working with Native American Indian clients seeking mental health services. In addition, Edwards and Edwards (1980) advocated the assessment of the personal characteristics of the client, the tribal affiliation, conflicts that exist between minority and majority cultural values as well as the relationship of the tribe and individual to the dominant culture.

The difficulty with the universalist approach is that no concrete verbal or non-verbal behaviors are identified that would be useful or have the same meaning across cultures. Certain behaviors in one culture may have entirely different meanings in another culture. Without knowledge of specific cultures, many possible misunderstandings may occur in cross-cultural therapy sessions. If the counselor or psychologist is not attentive to the client's frame of reference, the client may not perceive him/her as credible or helpful.

Culture-Specific Approach to Cross-cultural Counseling

Others have used the culture-specific perspective to identify ways to be helpful to Native American Indian clients. The struggle in doing so is obvious. It is inaccurate to talk about Native American Indians as one culture when there are over 500 different tribes in the United States alone. The specific tribes of Native American Indians are not identified in most articles published regarding mental health issues of Native American Indians, leaving one to inappropriately generalize across tribes and to be uninformed about tribal differences. One reason for the lack of identification of the specific tribe is the reluctance of tribes to be identified with studies regarding mental health.

Several authors (Thomason, 1991; Heinrich, Corbine, & Thomas, 1990; Herring, 1990; LaFromboise, Trimble, & Mohatt,

1990; McShane, 1987; Richardson, 1981; Edwards & Edwards, 1980; Lewis & Ho, 1979; Spang, 1971; and Spang, 1965) have written theoretical papers about more effective ways of working with Native American Indians. There are a variety of methods authors have proposed to do this. Some (Dufrene & Coleman, 1992; Thomason, 1991; Heinrich, Corbine, & Thomas 1990; Guilmet & Whited, 1989; LaFromboise, 1988) have focused on Native American Indians' traditional ways of healing. LaFromboise, Trimble & Mohatt (1990) critiqued Euroamerican or dominant culture's psychological theories and methods. They asserted that the principles of client centered therapy are not consistent with Native American Indian values, particularly the emphasis on the relationship between the client and the therapist. Social learning theory and behavioral theory were believed to be more applicable because the behavior is the target of change and can be a socially or community defined behavior. Others (Herring, 1990; McShane, 1987) have compared Western psychology's views of health and normalcy with characteristics, values, and beliefs of the Native American Indian culture and have drawn conclusions about the best way to work with Native American Indians based on this analysis.

Nwachuku and Ivey (1992) designed a method with which to incorporate cultural issues in counseling microskills training. They used the culture-specific approach with the African-Igbo and Euroamerican cultures. Their model

contained three components: the frame of reference of the African-Igbo culture, specific knowledge about the African-Igbo culture, and evaluation of the effectiveness of the culture-specific training. They state that the first step in generating a culture-specific theory is to learn about the natural helping mechanisms within a specific culture. Anthropological studies are useful for this purpose. This information may then be compared with traditional Euroamerican psychotherapy theories to determine goodness of fit.

Nwachuku and Ivey (1992) developed a 20-item Igbo Culture Specific Rating Scale to assess knowledge of problem solving methods of the African-Igbo culture. They administered this scale to 20 Igbo college students, who were studying in the United States, to use as a baseline measurement. Part of this scale consisted of vignettes of African-Igbo clients presenting problems in front of a video camera, with time allowed for the Euroamerican counseling trainees to generate a response. The second part of the scale consisted of questions about the socio-cultural issues in African Igbo life.

The next step in the process of designing a training model was to make two video tapes, consisting of (1) an ineffective model, with a Euroamerican counselor working with an African-Igbo client using an individualistic approach; and (2) an effective model, where an African-Igbo

client is presenting a problem to an African-Igbo counselor. Nwachuku and Ivey then designed a three hour presentation for counseling trainees. They conducted a pre- and post-test study to determine the effectiveness of their training model. Following this three hour presentation, they found that Euroamerican students (1) focused less on individual concerns and more on family and community; (2) became more aware of the African-Igbo culture; (3) used more influencing skills and less attending skills; (4) became more authoritarian, as befitting the culture; (5) were more likely to agree with the African-Igbos who preferred a counselor of the same gender; and (6) were more inclined to endorse advice giving behavior.

One of the problems in using a counseling session between an African-Igbo client and an African-Igbo counselor to demonstrate the counseling process to Euroamerican therapists is that it fails to take into account the difference in dynamics between two people of different cultures. Furthermore, the use of African-Igbo college students studying in the United States who have re-assimilation concerns are not representative of concerns of the majority of people in the African-Igbo culture.

In keeping with the culture-specific perspective, therapists need to find out how their clients perceive the meaning of their suffering and how they believe change will occur. Many writers (Thomason, 1991; Heinrick, Corbine and

Thomas, 1990; LaFromboise, 1988; Cattey, 1980; Lewis and Ho, 1980;and Spang, 1965) report that Native American Indians see life as a unity between mind, body, spirit, and nature. Religion, medicine, and daily life are intertwined. Health is seen as a harmonious relationship with nature. A person's problems are seen within the context of the community. Problems may be a result of breaking a taboo or tradition. LaFromboise (1988) stated that "many Native Americans believe that mental illness is a justifiable outcome of human weakness or the result of avoiding the discipline necessary for the maintenance of cultural values and community respect" (p. 392).

LaFromboise, Trimble, and Mohatt (1990) asserted that mental health is seen as spiritual and holistic for Native American Indians. The concept of medicine refers to treating the person as a system where forces of good and evil interact with the physical, social, psychological and spiritual aspects of an individual. These elements cannot be isolated. Heinrick, Corbine, and Thomas, (1990) describe illness as a disruption of the essential harmony of life; an imbalance of various elements.

LaFromboise (1988) noted a failure of mental health services to examine Native American Indians' traditional ways of healing and the meaning attributed to mental illness. She asserted that since a Native American Indian's problems are seen in the context of community, the community

has a responsibility to assist the individual in staying and surviving within the community. Certain ceremonies reinforce personal commitment to cultural values and remind people of the importance of family and community. The healing process involves important people in the suffering person's life. The cure may involve atonement, restoration into the good graces of the family and intercession with the spiritual world (LaFromboise, 1988). In this context, the efficacy of individual counseling is called into question.

Native American Indian clients may at first be suspicious, mistrustful, and reluctant to become involved with mental health professionals for a variety of reasons. LaFromboise, Trimble, and Mohatt (1990) stated that Native American Indians may see non-Native American Indians as racist and interfering until proven otherwise. They describe subtle oppression on the part of non-Native American Indian therapists who through "trying to help" are patronizing (have lower expectations of Native American Indian clients) or possessing a missionary zeal (display over-interest in the Native American Indian culture and customs). They state that Native American Indians fear that therapists will try to influence them rather than help solve their problems. Their fear is of alienation from their own people and traditions.

The result of contact and conflict with the dominant culture has been damaging for Native American Indians. They

face problems of alcohol and drug use, social isolation, prejudice, discrimination, cultural conflict, language differences, poverty, and educational deficiencies (Herring, 1992). Their traditional ways of healing have been lost or eroded through contact with the dominant culture. Difficulties exist for Native American Indians when they turn to helpers from the dominant society. Traditional mental health services have ignored the values, beliefs, strengths and natural coping mechanisms of the Native American Indian population. Psychology has made healing or helping a profession set apart from the daily life of a community. Communities no longer assume responsibility for the care of those struggling with some aspect of life. Instead, it is expected that people will resolve their problems on their own or go to a "professional." This is an example of how the assumptions of psychology are incongruent with the beliefs of many Native American Indians.

Vontress (1971) identified some of the dynamics that exist between persons of the dominant culture and persons of a minority culture. He stated that people who are separated from each other by power or status develop perceptions of each other, and act according to those perceptions. The actions of one person evoke responses in the other that confirm the pre-conceived perception. Perceptual distortions or misinterpretations are barriers in the therapeutic relationship.

One difficulty that occurs in a cross-cultural counseling situation involves the client reacting to the therapist in a manner similar to the way the client reacted to someone in the past. Vontress suggested that members of minorities may be ostracized from dominant culture, and this may lead to habitual ways of relating to anyone from the dominant culture. Another difficulty occurs when the therapist reacts to the client as the therapist has reacted to others in the past. The reaction may be the manifestation of the therapist's feelings or attitudes about minority groups.

The final problem Vontress described in a cross-cultural counseling situation is the lack of self-disclosure. He described self-disclosure as the willingness to let another person know what you think, feel or want. It is the most direct means to make oneself known to another. It occurs in the context of trust.

In keeping with a focus on the dynamics involved in a cross-cultural counseling situation, LaFromboise (1992) discussed a model of interpersonal behavior designed to assess interactions between the therapist and the client. She identified two dimensions of interpersonal behavior: affiliation and control. The dimension of affiliation ranges from friendly to hostile. The dimension of control ranges from submissive to dominant. The principle of complimentarity states that one person's actions evoke or

invite particular classes of reactions from another person. The behavior and the most probable reaction are said to be complimentary. Certain expectations on one person's part will activate predicted behavior on the other's part.

LaFromboise asserted that this model is useful for examining whether the therapist's intentions are accurately conveyed or received by the client. Certain behaviors or verbalizations may be interpreted in a different light by someone from another culture. This makes it important for the therapist to know not only his/her culture but the culture of the client. It will also be important for the therapist to be alert to possible misunderstandings and attend to them. This study is an attempt to identify specific behaviors by Euroamerican therapists that may result in misunderstandings by Native American Indian clients.

Empirical Studies

Up to this point, I have discussed theoretical perspectives on the cross-cultural relationship between Euroamerican therapists and Native American Indian clients. This section will focus on empirical studies conducted by researchers interested in cross-cultural relationships, specifically with Native American Indian clients.

Measurement of Cross-Cultural Competency

LaFromboise, Coleman, and Hernandez (1991) developed a measure aimed at evaluating cross-cultural counseling using

the universalist approach, with one measure to assess cross-cultural counseling competency for any cross-culture situation. The Cross-Cultural Counseling Inventory - Revised is designed to assess counselors on the characteristics of cultural competency which were outlined by the APA Division 17 report. They conducted three studies in the process of creating this inventory. In the first, eight graduate students judged whether items on the Cross-Cultural Counseling Inventory Revised (CCCI-R) reflected the content of the Division 17 report on cross-cultural counseling competency. There was agreement between judges as well as agreement with Division 17's report on cross-cultural competency. In the second study, three raters judged interactions between Anglo practicum counseling students with African American clients. Interrater reliabilities ranged from .39 to .69. They discarded one counseling tape where agreement between raters was especially poor thus raising the interrater reliabilities to .78 and .84. In the third study, eighty-six students who had at least one counseling course watched a seven minute cross-cultural counseling session. From this study, they concluded that the CCCI-R contained three factors: cross-cultural skill, socio-political awareness, and cultural sensitivity.

Some of the problems LaFromboise, et al. identified with their research were: that the items were not behaviorally specific (raters needed to infer whether an

item was true for a counselor or not), the domains measured may not be distinct, and they did not control for acquiescence. Thus, the minority clients' perceptions of the interactions were not taken into account.

Use of Mental Health Services

Several factors affect Native American Indians' use of the dominant culture's mental health services. Native American Indians often do not continue with mental health services after the first session if they are voluntary clients. According to a study of seventeen mental health centers around Seattle, following the initial interview there was a 55% no-return rate for Native American Indian clients seeking mental health services (Sue, Allen and Conaway, 1975). However, in a replication study ten years later, O'Sullivan, Peterson, Cox, and Kirkeby (1989) examined use of 20 mental health centers around Seattle. They studied approximately 5800 clients seen in 1983. One half the group consisted of Euroamericans, the other half of various minorities, including Native American Indians. They found no relationship between the client's ethnicity and the failure-to-return rate after one session. They reported that the failure-to-return rates were lower for their sample than for Sue et al.'s study and the rates were not greatly different for minorities than for Euroamericans. In this study, the variable most strongly correlated with the failure-to-return rate was the client's level of

functioning. The higher the level of functioning, the less likely they were to return to the agency.

Atkinson, Jennings, and Liongson (1990) surveyed college students from the following minorities: 61 Blacks, 45 Native American Indians, 38 Filipino Americans and 81 Latino Americans about their reasons for not using counseling services. They found that the perceived unavailability of culturally similar or sensitive counselors was a more important deterrent for those who strongly identified with their ethnic culture than for the bicultural or acculturated minorities. All groups identified the availability of counselors who value and respect cultural differences as a way to improve counseling services but those committed to their ethnic heritage were significantly stronger in this belief. Researchers also asked for suggestions for improving counseling services. In response to 11 statements identifying ways to improve counseling services, all three groups ranked least or nearly least important the recruitment of "counselors with my ethnic background" and "counselors who use helping methods from my culture." Minority women in this study were more likely to have used counseling services in the past than minority men. Other reasons the students identified for under-utilization of counseling services included: lack of culturally relevant forms of treatment, use of alternative sources of help,

social stigma attached to counseling and unavailability of services.

In contrast, Johnson and Lashley (1989) found that those with a strong commitment to Native American Indian culture placed greater importance on ethnic similarity with a counselor. They also found that cultural commitment affected expectations about counseling. Those who were strongly committed to Native American Indian culture expected more nurturance, facilitative conditions, and counselor expertise than did those with weak cultural commitment. They did not examine tribal differences in this study.

Communication Styles of Counselors

Dauphinais, Dauphinais and Rowe (1981) examined three different communication styles of counselors interviewing a Native American Indian client. The styles were direct, non-direct, and experiential. The study determined that the direct and experiential styles were rated by Native American Indian high school students as more positive than the non-direct style, which had been rated highly by non-Native American Indian counselors. The Native American Indian counselors also obtained higher positive ratings by the students, however, the authors speculated that Native American Indian counselors who used the non-direct style would be rated less positively than non-Native American

Indian counselors who used direct or experiential approaches.

Client Preferences for Counselors

Dauphinais, Dauphinais and Rowe (1981) found preferences for Native American Indian counselors among Native American Indian high school students. Haviland, Horswill, O'Connell and Dynneson (1983) found that Native American Indian undergraduates preferred Native American Indian counselors for both personal and vocational issues. Bennett and Big Foot-Sipes (1991) found that Native American Indian college students most preferred a counselor with similar attitudes and values and that similar ethnicity was considered more important to Native American Indian clients than to Euroamerican students. This was particularly true for those Native American Indian students with a strong sense of involvement with their own Native American Indian culture.

Several other researchers have found that influences other than ethnicity were more important to Native American Indian preferences for counselors. LaFromboise and Dixon (1981) found that the Native American Indian's perception of cultural sensitivity and trustworthiness was more important than ethnicity. LaFromboise, Dauphinais and Rowe (1980) found that the counselor's ethnicity was not as important as trust, but also that the counselor was expected to know

about practical information that would be useful to Native American Indian students.

Littrell and Littrell (1982) studied the manner of dress of the counselor working with Native American Indian and Euroamerican students. They found that all subjects regardless of type of presenting concern, based their preferences for counselors on dress. Across all problem areas, Native American Indians preferred counselors who dressed fashionably and up-to-date. For both Native American Indians and Euroamericans, the counselors wearing conservative and out-of-date clothing were least preferred. All subjects preferred counselors of the same sex.

Interpersonal Process Recall

In order to move toward increased understanding of the dynamics between cross-cultural dyads in a counseling relationship, methods are needed which will facilitate exploration of this relationship. One method that has been used to intensively study dyadic interactions is the Interpersonal Process Recall by Kagan, Krathwohl and Miller (1963). This section describes the Interpersonal Process Recall (IPR) method of understanding and improving interactions between counselors and clients. IPR has been used to improve a counselor's ability to interview, to communicate with or help other people; as a sensitivity training tool; for formulating theory about human interactions; and for teaching medical professionals

interviewing skills (Kagan, 1980). Kagan and Byers, in working with the United Nations World Health Organization in 1973 and 1975, used this model effectively in other cultures including cultures in countries such as: Australia, New Guinea, Hong Kong, Germany, Holland, Denmark, Sweden, England, Israel and with native groups in Alaska.

IPR is a method of reviewing video tapes immediately following a counseling session (Kagan and Kagan, 1990). A facilitator reviews the tape or session with one of the persons in the counseling session about specific moments that occurred during the interaction. The purpose of IPR is to assist the person in recalling underlying thoughts and feelings about a dyadic interaction, how he/she perceived the other, and what meaning she/he ascribed to the other's behaviors or verbalizations. Some of the questions used are:

1. Can you tell me what you felt at that point?
2. What else do you think (the other) thought about you at that point?
3. Were there any other thoughts going through your mind?
4. What were your thoughts at this moment?
5. What do you wish he/she had said to you?

Summary of Literature Review

The literature reviewed indicates that counselor characteristics, client expectations and level of racial/cultural identity of both the counselor and client impact the usefulness of cross-cultural therapy. In studying preferred counselor characteristics by Native American Indians, there has been a focus on client

preferences for counselor ethnicity, trustworthiness, and between group (Native American Indian versus non-Native American Indian clients) differences in preferences and ratings of effectiveness but not on actual counselor behaviors and responses.

Many of the empirical studies focused on matching variables such as the counselor's ethnicity and gender. A conclusion might be that the most effective counselor will match ethnicity with that of the client and a solution might be to educate more minority persons to be counselors and psychologists. Students from different cultures are seeking more education and will to some degree be able to provide this match for clients. This does not relieve counselors and psychologists of the responsibility of being competent to provide services to people of cultures other than their own. One disadvantage of a matching similar culture therapists with clients is that it would foster separatism and would not promote appreciation of diversity. Non-minority counselors and psychologists are mandated to be competent in the area of cross-cultural therapy and assessment, and therefore, studies addressing this area of psychology must work toward identifying ways to be effective in these situations and move beyond client/counselor personality characteristics to address specific counseling behaviors and interactions.

The theoretical papers have tended to present ideas on working with Native American Indians as facts. This has occurred without empirical support, particularly regarding the issues of the individual counseling relationship, Native American Indian perspective on mental illness and healing, and effective ways of intervening.

It is important to remember that the dynamics of the counseling relationship between the therapist and client of different cultures are very different than the dynamics between a therapist and a client from a similar culture. Therefore, it is not appropriate to generalize about effective behaviors from a similar culture dyad to a cross-culture dyad.

CHAPTER II

METHODOLOGY

Statement of the Problem

The dynamics of the counseling relationship between the therapist and client of different cultures are very different than the dynamics between a therapist and a client from a similar culture (Sue and Sue, 1990). Therefore, it is not appropriate to generalize about effective behaviors from a similar culture dyad to a cross-culture dyad. Researchers, educators, and therapists are not able to say definitively what is effective and what is not in cross-cultural therapeutic relationships, nor about the specific cross-cultural relationship between Native American Indian clients and Euroamerican counselors. Furthermore, there is a lack of knowledge about individual counseling as a useful or effective means of promoting change for Native American Indian clients. This question has been addressed theoretically, but it also needs to be addressed empirically. To the extent Native American Indians would utilize individual counseling for mental health issues, it would be important for them to work with a therapist who is knowledgeable about their culture. The cross-cultural relationship has not been studied from the perspective of

the client in any way other than preferences for unchangeable characteristics of therapists, such as ethnicity or gender.

This study represents an attempt to identify and describe some specific behaviors and verbalizations for training and evaluation of mental health professionals in cross-cultural situations. It may be a step toward designing a measure of specific technical skills for competency in cross-cultural mental health situations.

Research Questions

This study addressed the following questions:

1. What do Native American Indians report thinking or believing about the usefulness of the individual counseling relationship?
2. For Euroamerican therapists, how is competency in counseling Native American Indian clients defined from the perspective of Native American Indian clients?
    A. What are effective verbalizations on the part of the Euroamerican therapist as perceived by Native American Indian persons who are role-playing clients?
    B. What are effective non-verbal behaviors on the part of the Euroamerican therapist as perceived by Native American Indian persons who are role-playing clients?

C. What actions or verbalizations on the therapists' part are ineffective/harmful with Native American Indian clients as perceived by Native American Indian persons who are role-playing clients?

Participants

The Euroamerican participants who role-played the therapists were recruited from the doctoral programs in Counseling or Clinical Psychology at the University of North Dakota (hereafter referred to as therapists). A total of two male and four female students from the Counseling Psychology program and one female student from the Clinical Psychology program participated as therapists.

The Native American Indian participants who role-played clients (hereafter referred to as clients) were from two reservations in North Dakota and one reservation in Minnesota, who had little or no higher education experience and who currently live on or near a reservation. A total of eight women and five men participated as clients in this study. Three of the women and two of the men participated in two sets of interviews each. One interview was not used because the participant's sister had just died and she was unable to focus on her reactions to the therapist. Her post role-play interview mainly focused on the difficulty she was having dealing with the loss of her sister. Finally, there was one participant who had four years of higher education

who was also included. Rather than excluding his data, it was included and he is referred to as PFYD for Participant with Four Year Degree.

The participants were identified for possible participation in this study by individuals in the Native American Indian community known to myself. Qualities sought in the clients included: being over 18 years old, little or no higher education experience and an ability to verbally process reactions to a counseling situation. The clients were reimbursed for their time and travel costs. Three persons were scheduled for interviews but did not appear for the interviews, two were not contacted as they had no telephone, the third was contacted and she rescheduled and participated in a subsequent role-play and interview.

Eight of the American Indian participants were from the Turtle Mountain Reservation, two were from the Devils Lake Sioux Indian Reservation, and two were from Leech Lake Reservation in Minnesota. All lived on a reservation, except for two, who lived within 6 miles of a reservation. Their ages ranged from 22-38 years old. Four were married, three were living with a significant other, and four had been divorced. Seven had one or more children. Nine had jobs out of the home, one had recently been laid off. Eight had counseling previously. The issues they presented included: suicidal thoughts, mental illness, alcohol abuse, domestic

violence, marital difficulties, fear of new situations, parenting issues, and depression.

Procedures

The design of this study addressed cross-cultural dynamics specifically by using Euroamerican therapists and Native American Indian clients. Native American Indian participants were asked about the efficacy of the individual counseling relationship as a means of promoting change for Native American Indian clients. Seven students at various stages of a doctoral Counseling Psychology program and doctoral Clinical Psychology program conducted interviews with several Native American Indian persons who role-played clients.

The therapists were instructed to conduct a role-play of a counseling session with a client. The instructions for the clients were to either: 1) talk about a problem they had in the past and have resolved, 2) talk about a current problem, or 3) talk about a problem that someone close to them has, but present it to the counselor as his/her own problem. They were told that they did not need to tell the counselor or the researcher which option they chose. If the participants spontaneously volunteered this information, it was noted. These interviews were video-taped. Following each counseling role-play, the Native American Indian client was interviewed using Kagan's Interpersonal Process Recall (1963) method to determine what behaviors on the part of the

therapist were facilitative or inhibitive from the Native American Indian client's perspective. The videotapes were used to ask about the client's reactions to the therapist and his/her behavior and about specific interactions with the therapist. The clients were told before the interview about the nature of this study, what questions they would be asked following the interviews with the therapists, and asked to choose an issue to role-play. They were also asked about effective and non-effective therapist behaviors in their role-plays prior to the review of the tape. The clients were asked to point out examples of these behaviors during the tape review. They were also asked about their thoughts regarding individual counseling.

The interviews were conducted in several locations. Eight of the interviews were conducted at the Queen of Peace Priory in Belcourt, North Dakota. Two interviews were conducted in a mental health agency office in Rolla, North Dakota. Four of the interviews were conducted at the University of North Dakota Counseling Department, Grand Forks, North Dakota. Four of the interviews were conducted at the Bemidji State University Counseling Center in Bemidji, Minnesota.

Pilot Study

A pilot study was conducted to evaluate and refine the methodology. The pilot study consisted of nine sets of interviews. The participants were four male and two female

Native American Indian students at the University of North Dakota. They were identified to me by a recruitment officer at the Native American cultural center at the University of North Dakota. They were at various stages of their education. The persons role-playing the therapists were Euroamerican students in the Doctoral program of the Counseling Psychology program at the University of North Dakota. Three of the clients did two role-plays each, with the remaining three clients doing one role-play each. Four of the clients were from the Turtle Mountain Indian Reservation, one was Hidatsa, from the Three Affiliated Tribes Reservation and one was from the Devils Lake Sioux Indian Reservation. Seven therapists did one role-play each, and one therapist did two role-plays. The role-plays were conducted in the Counseling Department of the University of North Dakota.

The instructions for the therapists were to conduct an initial interview with the client for 30 minutes. The instructions for the client were to either: 1) talk about a problem they had in the past and have resolved, 2) talk about a current problem, or 3) talk about a problem that someone close to them has, but present it to the counselor as him/her own problem. The clients were told that they did not need to tell the therapist or the researcher which option they chose. They were also told that this was a pilot study and that I was particularly interested in problems

they noted with the way the research was being conducted, what they thought of the role-play situation and what they thought of the video and audio tape recording.

Findings of the Pilot Study

The following issues were raised and addressed through the pilot study: effects of videotaping, issues presented in role-plays, how and when to stop the video tape, and the order of questions.

Frequently the participants reported being aware of the video tape at first, but gradually losing awareness of it. Most reported being self-conscious watching themselves on tape, even after being directed to focus on their reactions to the therapist. Some participants reported no awareness of the video taping during the role-play. After the seventh role-play, I decided to switch the camera angle so that the client was not in the picture and the camera would be behind the client's back, directly facing the counselor. One participant who participated in an additional role-play after the camera angle changed stated that it was easier for her to do the role-play knowing she was not in the picture.

Several of the clients reported difficulty remembering or staying with a role-play of a problem of someone else, which they presented to the counselor as their own. When asked what advice they would have for future participants, several people said that they thought it would be easier to talk about his/herself. Two of the subjects actually did an

interview each way, and reported that speaking about their own experiences was easier. One participant role-played a problem from his past and said this was difficult because it "was so far in the past" and he did not know whether to use past or present tense.

In the last two interviews I changed the order of the questions about effective/ineffective therapist behaviors from after the tape review to before the tape review. I decided on the "before" option because this gave me the opportunity to instruct clients to show me specific examples of ideas they were communicating to me.

In the first three interviews, I had given the remote control to the clients and instructed them to stop the tape when they had something to say. I discontinued this because the clients would start talking but not stop the tape. For all subsequent interviews, I stopped the tape once the client began talking.

Analysis

The data was collected before data analysis began. Once all of the interviews were completed, the post-counseling session interviews were transcribed. The transcripts were coded by examining the data for regularities and patterns followed by identifying, sorting and selecting themes and sub-themes. I made a separate document that contained each reference in the clients' own words associated with a theme from all of the transcripts. The quotes were grouped

according to their theme, not according to their interview. Each client was assigned a number and the client number was attached to each quote in order to protect the identity of the clients as well as to allow for a context for each quote. Once this was completed, I read through this document and identified quotes that best expressed a concept or relayed a client's interpretation of a phenomena and included those quotes in the results section.

After several readings of all 17 transcripts, which consisted of between 20 and 55 pages, I began making notes that captured what I understood the client to mean in an interaction. These notes were the basis for the 12 themes I identified. Each of the 12 themes contained sub-themes which were more specific examples of the themes. An example of a theme was "questions." In this example, the sub-themes were the various types of questions the clients talked about such as: probing questions, feeling questions, thought questions and repetitious questions.

Once I had the 12 themes identified from the clients' words, I created a document that contained each client's reference to each theme. From this document, I identified mega-themes. Several doctoral counseling psychology students sorted the themes into mega-themes. There was not consensus on which themes should be grouped into mega-themes, and after consulting several counseling methods and theories textbooks, I decided on 5 mega-themes. For a full

presentation of these themes, mega-themes and sub-themes see Appendix D.

I was very aware that being a solitary researcher analyzing qualitative data carried an enormous responsibility to convey as accurately as possible the results to others. There was potential for misunderstanding the data and for misinterpreting the data. I took steps to forestall those eventualities. In order to provide a validity check for my interpretations, I had two professors in the counseling department read an interview, identify themes and discuss with me those themes and the meaning they ascribed to them. The interviews I chose for them to read were interviews with the least amount of identifying information about the client/participant in them. This was to protect the confidentiality and privacy of the participants.

One of the methods of qualitative research is to look for disconfirming evidence. Throughout this process I frequently questioned my interpretation of the data. According to Cronbach (1980):

> "the job of validation is, not to support an interpretation, but to find out what might be wrong with it. To call for value-free standards of validity is a contradiction in terms, a nostalgic longing for a world that never was. (p.103)

Therefore, I looked for disconfirming data as well as confirming data for the themes I identified.

Researcher Premises and Biases

I chose to study the cross-cultural relationship between Euroamerican therapists and Native American Indian clients because of my experiences counseling Native American Indian clients. I worked for two years near the Devils Lake Sioux Indian Reservation. During that time, approximately 50% of the people I worked with were Native American Indian. I struggled with connecting with these clients, finding ways to be helpful, and getting feedback from clients about ways I could improve my work with them. I wanted to find a way to be more effective in these situations. I also questioned whether, as a Euroamerican, I could be helpful to these people. Faced with the reality that I cannot change my ethnicity, I was left with the question "what could I change to improve my work in cross-cultural situations?"

My approach to most questions is to ask the people most directly involved, and that is what I attempted to do in this study. Throughout this process, I have been concerned about the problems of a Euroamerican researcher studying the perspective of Native American Indians in relation to counseling. When I began this project, I was enrolled in my third multi-cultural course. The professor was Native American Indian and I developed my research idea within the requirements of a class paper. I also consulted several Native American Indians from numerous tribes including: a professor in the Counseling Department, the director of the

Native American Center on campus, a minority recruitment officer, several students in the Counseling department, a psychologist and researcher on the Turtle Mountain reservation, a high school counselor at Turtle Mountain reservation, a family therapist from Turtle Mountain and a highly published researcher on Native American Indian mental health issues. Throughout the process, these people helped me shape and develop parts of my project which are reflected in my final methodology. I believe to the extent that it is possible, I attended to biases that I have as a Euroamerican researcher attempting to understand Native American Indians' experiences of cross-cultural counseling.

I did not have a Native American Indian faculty person on my committee because the two professors I consulted were leaving the university. In the fall semester, I consulted with a new Native American Indian professor in our department. She also participated at the data coding stage by reading and coding a transcript and meeting with me to discuss her interpretation of the interview. Additionally, she talked with me about her reactions to my results section.

A primary priority to me was treating the participants in my study with respect, being congruent with my beliefs and actions, and minimizing any potential negative consequences to participants resulting from participation in my study. This included giving the clients the choice

following the interview of whether they were willing to allow me to use their interview for this study. This was an issue because some clients said they had revealed more to the therapist than they had intended. Another aspect of this was the opening of a highly emotional issue without sufficient time to process it before leaving. In several cases, I talked with clients about referral to counselors in their communities.

Several of the clients talked of the benefit of participating in the study for the opportunity to talk with a counselor. Another potential benefit was that the clients in my study would see the openness and struggle to be more effective counselors in cross-cultural situations by myself and my colleagues who participated in the role-plays. This was important to me because it is possible that now or in the future the client/participants or someone close to them will receive counseling services.

CHAPTER III

RESULTS

Overview

There are twelve themes, as identified though my readings of the transcripts, presented in this chapter. These themes emerged from the data, they were not pre-conceived. It is important to note that reading each person's words in the transcripts did not completely capture the spirit of what the client was communicating. The exact meaning of the client's message is a combination of the words used, intonation, hand movements, facial expressions, body posture as well as the context of what they said. While reviewing the transcripts and writing about them, I was also influenced by all of these aspects of the clients' message as well as by my memory of our post role-play interaction.

The twelve themes cluster into five broader mega-themes: 1) Relationship Between Client and Therapist, 2) Counseling Process, 3) Attitude Toward Individual Counseling, 4) Environment, and 5) General Cultural Issues. Each of the mega-themes I identified are presented separately. However they are not discrete or exclusive, rather they are complex and mutually influencing.

Data

Relationship Between Client and Therapist

The mega-theme of Relationship Between Client and Therapist involves the following themes: 1) Therapist Attitude/Emotion; 2) Therapist Appearance; 3) Therapist Age; 4) Therapist Language; 5) Therapist Listening Behavior, with sub-themes of non-verbal behaviors; 6) Therapist Self-Disclosure; and 7) Previous Counseling Relationships. The theme of Previous Counseling Relationships is included in any example where the client spontaneously talked about their previous counseling relationships.

Therapist Attitude/Emotion

This is the only section in which I will include a comparison between a counseling theory and the data. Although using a specific Euroamerican counseling theory with Native American Indians is contrary to much of the multi-cultural literature, my data indicates clear parallels between client centered therapy and what the Native American Indians in my study wanted from the therapist. The theme of Therapist Attitude/Emotion was the most prominent theme that emerged and one that all the clients identified. Although the clients were not asked about this aspect of the therapist's behavior, the issues the clients raised during the post role-play interviews seemed to fit with Rogers' (1961) three necessary and sufficient conditions for growth or change. The core conditions are genuineness,

unconditional positive regard and empathy. The participants in my study repeatedly made reference to either the presence or absence of therapist behaviors or attitudes which reflected these same conditions. When the clients made reference to therapist behaviors they were asked a follow-up question about how they knew whether these conditions were present or absent. They generally replied that it was a feeling they had. Some of the clients made direct reference to how this affected their trust of the therapist and the ease or difficulty with which they felt able to talk to their therapist. Several made reference to equality with the therapist, and compared that to times they felt previous therapists or mental health providers had been condescending. The condescending attitude by the therapists violated the equality of the relationship from the client's point of view, thus discouraging she/he from entering fully into the counseling relationship.

One of Rogers' (1961) core conditions is genuineness. Genuineness refers to being comfortable with oneself in a variety of situations with a variety of people. Genuineness is being oneself without needing to hide parts of oneself, without being fake or playing a role. One aspect of this concept is congruence, or consistency between one's actions, words and feelings. Rogers (1961) defined being genuine as:

> "that I need to be aware of my own feelings, in so far as possible, rather than presenting an outward facade of one attitude, while actually holding another attitude at a deeper or unconscious level.

> Being genuine also involves the willingness to be and to express, in my words and behavior, the various feelings and attitudes which exist in me. It is extremely important to be *real*." (p.33)

Following is how P13 described this cluster of attitudes or behaviors:

> P13: she seemed honestly concerned.... interested and that helped...if you show concern and show real interest... that's going to be the most detectable vibe... because you're going to walk in here and be able to tell someone is just doing their job and telling... what they were taught, or if they're sitting there being honest and saying, I feel what you're feeling... and this is how I would try to help you resolve your problems.

P13 went on to talk about previous counseling.

> P13: I've had therapists that I didn't like. Like it seems like they are more concerned with, like if you've just seen too many people or something, like if you're just another story they've heard, just another file you know. [alcohol treatment therapists] just didn't seem they didn't have true concern...they weren't honestly concerned with if you were going to be sober again or not. Just phoniness, its like faking like. Just being concerned and not really concerned. I mean it isn't something you can really teach someone because its like a feeling that you get when you're talking to this person.

A second essential condition for change is unconditional positive regard for the client. This is also referred to as respect. It is valuing the client as a person of worth and dignity. Rogers (1961) stated:

> "I find that the more acceptance and liking I feel toward this individual, the more I will be creating a relationship which he [sic] can use. By acceptance, I mean a warm regard for him as a person of unconditional self worth -- of value no matter what his condition, his behavior, or his feelings. It means a respect and liking for him as a separate person, a willingness for him to possess his own feelings in his own way." (p.34)

Numerous clients brought up either a basic respect or a judgmental attitude they felt the therapist communicated to them. An example follows:

> P14: but she was really receptive, she would [not] make any non-verbal or verbal judgements... and she seemed very empathic, she had a lot of empathy that she was interested in, in helping me solve a problem and not ah judging me or not...she didn't show no shock, no judgement....then she smiles at you a lot and that's reassuring. that showed that she's not really ah, she doesn't think you're an evil, horrible person you know. Shows that she's not um, well it looks like she understands what you mean because she's did it herself or something...like kind of an encouraging... encouraging you to keep on talking and um, at the same time she's being empathic for you so it doesn't feel like she's you know coming down on you.

P16 compared the therapist in his study, whom he described as paying attention to him and interested in what he was saying, to his previous counseling experiences:

> P16: I've had situations like that, they don't care, they're just there for the money or whatever.
>
> JL: What gives you the idea a counselor is just there for the money?
>
> P16: she don't pay attention. I mean when they ask you the same question two or three times you give them the same answer. They ain't paying attention.

If the therapist has established a connection with the client by communicating a sincere respect, the client may overlook a behavior by the therapist which would under other circumstances be offensive. An example, from P20, of this follows:

> P20: She didn't seem to be judging too much because I, I gave her the opportunity to ask some

> of those things and she, she avoided my traps rather effectively...I set some opportunities for her to make some value judgments about who I was portraying.... she didn't make me feel like I was lying, ...she didn't try to be a weasel and give me the fifth degree about things.

And later in the interview P20 stated:

> P20: that almost sounded like an accusation.
>
> J' cause you had just said actually you do have a ...althy spiritual life and she's saying well a lot of people who don't, don't get their..
>
> P20: don't get their kids taken away it was like she was, I felt almost there like it was a, I mean I'm saying traditional, I'm saying spiritual and then [she] was saying well if you were so spiritual this wouldn't happen. And that's what it sounded like to me. I didn't confront it because I don't think she meant it that way but that's kind of the way it felt a little bit.

Empathy is Rogers' final condition. It is understanding the client from their frame of reference, not your own.

Rogers stated:

> "I also find the relationship is significant to the extent that I feel a continuing desire to understand -- a sensitive empathy with each of the client's feelings and communications as they seem to him [sic] at that moment. Acceptance does not mean much until it involves understanding. It is only as I *understand* the feelings and thoughts which seem so horrible to you, or so weak, or so sentimental, or so bizarre -- it is only as I see them as you see them, and accept them and you, that you feel really free to explore all the hidden nooks and frightening crannies of your inner and often buried experience." (p.34)

P14 described empathy as follows:

> P14: she seemed very empathic, she had a lot of empathy
>
> JL: what kinds of things gave you the idea that she had a lot of empathy?

> P14: Boy you must be tired. Boy this must be hard for you. More supportive statements and stuff like saying why do you think you did that?...she seemed more motherly. You know more concerned and her face kind of looked like she did, more concerned and not just for (inaudible) person but for my situation.

P18 describes both the empathy and the non-judgmental attitude.

> P18: it seems like that he's trying to see ah, how... a person feels about certain things, try to understand more of, he isn't trying to be like a therapist, he's trying to be more like a friend with a person. He didn't seem to act that way [like he was better than anybody] ...cuz like I told you, I was in the pen and a lot of people... if you're in prison you're a real terrible guy... he didn't act like that.

Each of the clients talked about one or more of the three conditions of genuineness, positive regard, or empathy. After deciding whether those qualities were present they would choose to discuss an issue on a deeper level with the therapist. If one or more of those conditions were present, they chose to communicate at a deeper level. If those conditions were not present, they did not invest themselves in the relationship.

Therapist Appearance

The theme of Therapist Appearance included any reference to the attire of the therapist or any aspect of his/her physical appearance. P12, P16, and P18 spontaneously discussed their therapist's appearance. They all reported that they were more comfortable with casual attire than with formal attire. I asked two clients, P11 and P19 about their

therapist's appearance. They reported that dress is not important to them as long as they perceived the therapist as being comfortable. P18 said he thought his therapist looked like a "burnout." When I asked him to tell me more he said:

> P18: Yeah but, he seemed like he was one of the different types that you know, a lot of people you see with short hair and that
>
> JL: counselors?
>
> P18: Yeah...he seemed like a guy that I could talk to..... to me he'd be easier to talk to than a lot of people. Like I said, his long hair threw me off but I mean long hair, makes him like everybody... one of the guys who (inaudible) instead of a therapist....That's, that's one thing I like about it.

P18 went on to say that the way the therapist looks is important and explained the effect of his probation officer's attire on him:

> P18: Yeah, you know because like, how do you put it, like I go to see my probation officer and like call him and I go see him. It's only for 10-15 minutes and my hands are all sweaty and....and he's sitting there in a tie, he ain't like, how do you put it, well, he ain't like one of the guys you would normally would talk to....cause he's sitting there with a tie and all dressed up and look at how I look. Levis and a t-shirt... you don't... that right there... can tell you. And he's... like he's in a, he's got the power of authority.

He contrasted this "one down" feeling with the comfortable feeling he had with the therapist from the study. He then talked about how the therapist's appearance created the perception of the therapist as an ally and as a person who could be helpful.

> P18: Right there... he's [the therapist from the study] dressed more casual and talk to you more person to person instead of like higher up and than you, you know.

For the three clients who spoke spontaneously, casual attire was reported as affecting the relationship positively. Two clients said they were not affected by the therapist's appearance, but they also said their perception of the therapist's comfort level influenced their attitude. All of the therapists in the study wore informal clothing, but not jeans. I did not ask the clients how other types of attire would affect them. Clients who reacted to the therapist's appearance contrasted the therapist in the study's appearance with that of someone who dressed formally. The consensus was that formal dress by the therapist conveys a negative message of authority and power to clients.

Therapist Age

Both ends of the age continuum were considered beneficial to individual clients. P15 said she was surprised by her therapist's age. She had seen another, older woman sitting in the hall and had believed that woman to be the therapist in the study. She said that age turned out to be unimportant. P12 mentioned that the therapist appeared young and that contributed to her belief in the therapist's ability to be helpful. P13 and P14 expressed preference for therapists who were older than the client or than other therapists. One of these clients, P13, said that he had more

trust for the older looking therapist (of the two he was interviewed by) and he thought the older therapist had more counseling experience. P13 also stated that he was disappointed that the older therapist was not able to move things along any better than did the younger therapist. In general, individual preferences varied from wanting the therapist to be older than themselves, the same age as themselves, or if they had the choice between two therapists, picking the older of the two.

Therapist Language

Therapist language referred to the words therapists used or their manner of speaking. Clients did not spontaneously talk about the vocabulary used by the therapist. In three instances I asked about it specifically, twice because the words the therapist used seemed jargon-like. The client in one case did not have trouble understanding the therapist. In the second case, I asked because the therapist asked "what else distressed" the client. I asked P16 about it and he said he understood the therapist to mean, "what else bugged you?" He described previous counseling where if he didn't understand what a therapist meant, he clarified it. He stated this was because while he was in prison he was afraid that if he misunderstood a question and answered it according to his understanding of it, the information could be used against him. In the third case, I asked about language because P13

reported being confused by the long, complex questions the therapist used. In that instance, P13 said the words were not incomprehensible, but rather the length and complexity of the questions made it difficult to understand the therapist.

In each case I inquired about, the language that the therapist used did not interfere with the communication between the therapist and the client. Language did interfere, though, for two clients, P11 and P20, who raised this issue spontaneously. The interference occurred due to the fact that the client and the therapist had different meanings for the same word. For example, the therapist referred to binging, which commonly refers to eating a large amount of food, sometimes followed by vomiting. The client said she binged, but told me that what she meant was that she eats junk food rather than healthy food when she is upset.

Therapist Self-Disclosure

Therapist Self-Disclosure was any reference the therapist made to his or her life experience, thoughts or feelings. It also included the verbal reactions the therapists had to something the client told him/her. Six clients, P10, P12, P14, P16, PFYD, and P18 spontaneously talked about this during the tape review of the role-play session. Clients described positive feelings toward the therapist when the therapist used self-disclosure in the

interviews. In each case, the clients described feeling more connected to the therapist. Often they reported that it demonstrated common ground between the therapist and the client. They also reported it helped them feel more comfortable, built trust, gave the therapist credibility and aided them in deciding how much to discuss with the therapist. P16 reported that he thought he would gain new ideas on solving problems by hearing how the therapist solved his/her own problems.

PFYD described what the therapist's self disclosure meant to him:

> PFYD: I felt more comfortable, like, I felt like she... really... talking you know, like starting to trust each other.
>
> JL: that helps you trust her...Hearing a little bit about her?
>
> PFYD: Yeah, so far you know, cause it just seems like she's was sit[ting] there just to listen to me talk. Then she said a little bit about that and I felt, I felt you know, I felt well you know, she's alright, you know. She liked talking you know. And more that you say a little bit about yourself it can make a person feel better.

On many occasions during the interview, viewing the therapist as a friend was discussed by clients. Self-disclosure by the therapist facilitated the development of this connection. My interpretation of what the clients meant by referring to the therapist as a friend is not a completely reciprocal relationship, but the client having the perception that the therapist was an ally rather than an opponent, a superior, or a neutral person. The perception of

a therapist as a friend enhanced the client's perception of the therapist as approachable and helpful.

The majority of participants role-playing clients in my study indicated that they were more able to trust therapists who self-disclosed during the interview. Several clients expressed interest in knowing more about their therapist. The balance of how much to self-disclose, when to self-disclose, and how to determine whose need is the self-disclosure filling is an important consideration for therapists.

Therapist Listening Behavior

Therapist Listening Behavior was any action by the therapist that led clients to the conclusion that the therapist heard what they were saying. This was communicated to the client verbally and/or non-verbally. Seven clients spontaneously talked about listening behavior. They addressed this issue directly several times during the interviews and often indirectly. I asked clients about therapists' listening behavior if I saw what I considered inaccurate reception of the client's message.

PFYD talked about how important it was to him that the therapist listened to him tell his story rather than interrupt and ask questions.

> PFYD: One thing about when I was talking about the accident you know, she didn't really, she listened you know more or less, she seemed like she was listening more than trying to ask questions you know. Some of the people just sit there, what happened to him next and stuff like that. She sat

> there and listened to me and let me talk about it instead of... jumping in and try to stop the conversations. I like that part, you know.

Clients inferred that the therapist was listening in a variety of ways. The body posture of the therapist did not need to be open, upright and tilted toward the client for the client to infer that the therapist was attentive. Some clients inferred that the therapist was listening if he/she was maintaining direct eye contact. If a therapist said something that gave the client the idea that the therapist remembered earlier parts of the session or remembered names of people the client talked about, or answered the client right away, the client inferred that the therapist was listening. In some cases, if the therapist was using minimal encouragers such as head nodding or saying "uh huh" clients reported thinking that the therapist was showing that he/she was responsive, interested or attentive to what the client was saying.

Clients also discussed their response to the therapists' facial expressions. Some reported reading compassion, reassurance, approval, boredom, uncomfortableness or judgement from the therapist's facial expression. P19 felt that the therapist's smile meant that the therapist was not taking her problem seriously and that the therapist thought that P19 was strange. While another client, P14, said supportiveness and empathy, which were communicated to her by the therapist nodding and smiling,

were tension reducing. In general, clients inferred that the therapist was not listening when the therapist: interrupted, repeated questions, changed the subject on the client, asked about something the client had already told the therapist, missed emotionally intense issues, or when the therapist's questions or responses were not relevant to what the client was talking about. For P11, interruptions by the therapist had negative effects. She referred to the interruptions several times. She participated in two interviews and she contrasted one therapist with the other. She stated that it disturbed her when the therapist interrupted and that it was important to her that the second therapist did not interrupt. However, another client, P14, noted that one of the therapists she saw in the study interrupted her, but she said this did not bother her as she (the client) simply talked over the therapist.

When I asked P16 what gave him the idea that the therapist was not paying attention, he said:

> P16: Doing other things. Ah, looking at something else you know. Acting like they're paying attention if they're not. It's in their gesture you can tell in their gestures....with their hands and with their eyes. We can tell if they're interested or not. If they're about ready to go to sleep or if they're not interested they'll go talk somewhere else you know. And pause before the next question. You know like if you're done talking and you don't have no more to say, they'll pause for a while and then they'll get back to you. You can tell all that.

P18 described a time the therapist missed an intensely painful issue and instead the therapist focused on the

client's children. P18 said this gave him the idea that the therapist was not interested in him.

Clients inferred therapist listening behavior in a variety of ways. Some of their inferences about a specific therapist behavior were opposite of other clients's inferences. Also, their reactions to the therapists' behaviors varied considerably.

Therapist Non-verbals

The theme of Therapist Non-verbal Behavior included eye contact, hand movements, head nodding, voice volume, body posture, silence, facial expressions, writing during the session, and touch. Each client attributed their own meaning to therapist's non-verbal behavior. One aspect, body posture, generally did not affect clients unless they perceived that the therapist was uncomfortable. If clients perceived the therapist as comfortable, they also felt the therapist was attentive regardless of the therapist's body position. P11 and P18 were interviewed by the same therapist. They both remarked that the therapist seemed fidgety and they thought that meant that the therapist was nervous. One exception to the therapist's comfort level was addressed by P19. She stated that her therapist was laying in the chair. P19 had the feeling that the therapist was not listening to her and that the therapist was doing the interview just because it was her job.

Touch was another aspect of therapist non-verbal behavior. Although touch was not used by any therapist in this study, it was mentioned by P20. He said that if the therapist had touched him, he would have reacted negatively.

Therapist eye contact consisted of the direction and the variability of the therapist's gaze. There were almost as many opinions and reactions to eye contact as there were individuals in the study, ranging on a continuum from appreciation of direct eye contact to intermittent eye contact to discomfort with any direct eye contact.

P16 and PFYD noticed therapist non-verbal behaviors on video tape that they stated they hadn't been aware of during the interview. P16 reported that he felt even more convinced that the therapist had been genuinely interested in what he had been saying. PFYD said he was distracted while watching the video by the amount of head nodding by the therapist. He went on to compare this session with a previous counseling experience which he generalized to all therapists. He said therapists do not nod their heads, they sit still. P11 noted that the hand movements of the therapist made her nervous and uncomfortable.

P15 was very uncomfortable with silence, saying that she would lose track of what she was talking about because she would start thinking of something else during the silences.

None of the therapists wrote during their sessions, but clients talked about previous therapists who had written during interviews. Generally there was a negative reaction to previous therapists writing during the sessions. P10 had experiences in the past with therapists who wrote during sessions. She contrasted that with the therapist in the study:

> P10: When a therapist that's writing things down, you can't see what they're writing. And you feel like that they're judging you...as you are talking....Or di, diagnosing you as you're talking.

The variety of interpretations of therapist non-verbals was striking. Clients stated that some explanation of therapist non-verbals would be beneficial. The ability of a therapist to provide a context to the client for what the therapist was saying enhanced effective communication between the client and the therapist.

In conclusion, there is a wide range of client comfort for particular counseling styles. As with other themes, what was important was that the client felt attended to even though each client's perception and interpretation of therapist non-verbal behavior varied. The match of personality and relational styles for clients and therapists affects a client's feeling about an interview. Several times during the study, one therapist's style worked well with one client and poorly with another.

Counseling Process

In this section, the mega-theme labeled Counseling Process will be discussed. This involved the process by which the client and the therapist participated in activities to resolve the client's presenting problem. The themes include: a) Pace of Session, b) Questions, c) Interventions, and d) Structure.

Pace of Session

Pace of the role-play session consisted of how quickly the client began talking about his/her presenting issue. Seven clients, P11, P12, P13, P14, P15, PFYD, and P20, spontaneously talked about pace. In each case, the clients reported that they thought the therapist began exploring their presenting problem too quickly.

PFYD discussed his experience in an alcohol treatment program where he felt trapped into saying what the therapist wanted to hear rather than being honest. He talked about the negative consequences for being honest in alcohol treatment programs. He also said that most of the Native American Indians he grew up with find it very difficult to open up and trust therapists. He thought that until Native American Indians feel the therapist is trustworthy, they will make things up or lie to the therapist. He said that he thinks that therapists should let the client talk in his/her own time, the way she/he wants to. When he talked about setting a goal for counseling with his therapist he said he thought

it would take a few weeks before he would be willing to tell the therapist why he was seeking counseling. He said he liked the therapist in the study because she did not push him, she let him talk about what he wanted to talk about.

P14 said that small talk at the beginning of the counseling session facilitated her ability to talk to the therapist.

> P14: Um, well when she first started she was, she talked about the, the weather and the drive up here and you know getting more into a visiting mood. Then... coming right down to it...Then the therapists that I've gone to before they want you to come in and then spill your guts right now...instead of coming right into it and saying what's your problem.

Many of the clients, like P11, PFYD and P14, talked about feeling that the therapists wanted them to open up too quickly. They said that they wanted time for the therapist to get to know them somewhat and for them to get to know the therapist somewhat before they were willing to begin talking about their problem. The clients said they appreciated when the therapist did not push them to delve deeply into their issues immediately. They described feeling more comfortable with a gradual exploration throughout the interview than in starting out with the problem identification stage immediately. An example of this sentiment as expressed by P12 follows:

> P12: And she just kind of asked me "so what are you here for?" "What would you like to talk about?" and that
>
> JL: That was a little too much up front for you?

> P12: Right...I guess a little more ask, more asking questions and trying to get to know me and who I am and what I'm all about.

P13 took this issue a step further and talked about the time needed to trust the therapist:

> P13: It almost seems like the most benefit would come from elapsed meetings, you know. Elapsed time. More and more meetings. You know. It would be a lot easier... because then you can find out the person's real nature. I mean you, you can tell by... a therapist if... if you like him or not... and if you want to talk to them or you know...I mean if after two, three sessions... I mean the first session with anybody is a going to be a real awkward situation anyway you know.

P20 felt very strongly about the issue of moving too quickly into problem identification. He stated he hardly knew the therapist and she was asking him what his problem was. He said this interfered with his desire to talk with her about the issue for which he was seeking counseling.

Haste to move the client toward problem resolution interfered with the feeling of safety experienced by clients. They unanimously stated that they would like to approach problem identification more gradually. The more they knew about the therapist, and the more they thought the therapist knew and accepted them, the more they were able to reveal themselves to the therapist.

Questions

The theme of questions consisted of any type of question that the therapist asked the client. This theme included: a) opening questions, b) probing, c) questions about thoughts or feelings, d) questions seeking

information, e) problem solving questions, f) frequency, and g) repetition. P13, P10, P12, PFYD, P11, P15 P14, and P20 spontaneously talked about questions the therapist asked.

Several of the clients, P12, P14, P15 and PFYD felt caught off guard by the therapists' opening questions. The question that caught most clients off guard was "what would you like to talk about today?" They wanted more help getting started talking about their problem, and they wanted to explore the problem more gradually. P12 said she thought it was the therapists' responsibility to probe and help the client figure out what to talk about. She also thought specific questions would help her open up more to the therapist. She stated that it is unproductive when her psychiatrist accepts it when she says she is fine:

> P12: Right. And I'm fine at that time. I can be fine, I'll be fine when I go in and talk to some, when I go in and talk to him....But later on I've got a million things that I could've told him. Or just before, the night before I would lay in bed and I'll think. okay this is what's going on and talking about this and that but at that very moment, everything is fine.

When it came to questions that were probing or focused on feelings, client reactions differed. P11 felt most of probing or feeling questions were too intrusive. Other clients showed discomfort when asked probing questions. P15 said she didn't like the questions "what are you thinking?" and "how does that make you feel?" P15 thought this would be true for most Native American Indians.

> P15: I think you interview Indian people you'll find out that they don't like, well what you, what are you thinking about. What do you um, how does that make you feel?

In contrast, P16 said his therapist was probing deeper and he thought that was a good idea. P10 also thought probing questions from the therapist were useful. P16 said that while he was talking to the therapist, he realized something else was bothering him besides the issue he began by presenting to the therapist. He also said that probing questions make him uncomfortable but he believes it is necessary if the therapist is going to be able to help him. Later he said he was impressed when the therapist followed up a second issue the client had raised at the beginning of the interview. He also stated that he likes therapists who sit and listen to him until he's done talking and then if they want to know more, they can ask questions when he's finished.

P14 said she liked the questions about what she was thinking or feeling. P10 also thought it was helpful for the therapist to ask how she felt and how she saw things. She described this as the therapist not imposing his thoughts or feelings on her. She said she had felt in previous counseling that the therapists were imposing their views on her. She said that she thought most Native American Indians she knew would feel comfortable with questions about feelings.

P10 liked the therapist's indirect approach to assessing suicidal thoughts. However, later in their interview, she stated she felt judged by the therapist's questions about how other people deal with situations with school systems. She said she thought he was implying that she should deal with those situations in the same way others do.

P14 liked drawing her own conclusions about her problem. She thought the therapist facilitated this by:

> P14: She kept, kept going back to that um, why, why are you so angry and... you must be tired and the kids are angry. Went on from there....And then at the end she let me ask about the, what kind of upbringing you had and I guess my dad wasn't really strict as... (inaudible) having anything to do. And she, she started smiling so, well and she's encouraging, encourage me to go and make the connection myself.

This same client, P14, liked when the therapist would start a sentence and let the client finish it. She believed the therapist would get more information about her in that way. She said that she saw those questions as encouraging her to continue exploring an issue. She also stated that the therapist was "leading me up to a[n] insight or letting me make the connection." She also thought that it was useful to have the therapist ask "how could you make things better?" or "what's your goal?"

P13 said that it is not helpful when therapists ask questions that anyone could ask. An example of this by one of the therapists who interviewed him asked "how old is he?"

while the client was talking about a serious accident which had injured his son. He thought therapists should be able to listen to what the client is saying and pick out the important aspects. He went on to say:

> P13: Sometimes some of the general questions are going to be just the things you need to ask them to get this person to open up. You know....And sometimes it's not going to work you know....I don't know maybe if you had more of a little bit of lax in nature, more of an outgoing... friendlier... laughs a little bit, come in and you know, ask kind of, ask him fun questions, what ever, you know. Like um, what were, were the things that, that made you happy when you guys were together.

P14 was talking about sexual abuse and she thought the therapist should have asked what exactly happened rather than talking about how it was affecting her now. She thought the therapist was avoiding the sexual issues and going right for the feelings. She said the therapist did not make the connection between the client's attitude toward men and the sexual abuse. She stated that she thought the therapist could not understand what she was telling her now without having heard what happened in the past first. She also said telling the story would be cathartic. This person had been role-playing a cousin of hers.

P20, who role-played that his son had been removed from his care by social services, thought the therapist should have asked about his son and their traditions, rather than focusing on P20. In response to one of the therapist's questions he stated:

> P20: This is the good part of the question. If she would've asked this [about his traditions] question at the beginning when I first started talking about it, I think she would've found me a lot more willing, to not resist.

When I talked with P20 about a person in the pilot study who said he would have been offended if the therapist had asked about his traditions or spirituality, P20 replied:

> P20: I don't know how you would evaluate about how you would ask that question other than are you comfortable talking about to me, talking to me about your traditional things....And maybe that would the safest way to be. You know I know that some people don't like talking about that. Are you willing to tell-teach to me?

With this client, the therapist asked if other Native American Indians who were participating in traditional practices had their children taken out of their care. The client said:

> P20: a nice thing to ask. Um, that didn't feel like a threat. It didn't feel like a slam. What it was and I was stuck kind of past, past, past behaviors at that non-natives have done to us and then that was wanting to roll and she brought me right back into reality and said "well is that happening to other people on the reservation that are practicing the same things that you are?" And I had to say no. And so it was a nice way of framing me back and funneling me back towards that. The only reason I was there, not to be bitching about what has happened in the past but lets, lets keep it focused on what's, what's going on right now.

Later in the session, the therapist asked P20 if he thought about seeking help from a Native American Indian therapist, and he said he disliked her implication that he needed more counseling. However, in his summary of the session he stated that he was glad she considered that working with a Native

American Indian therapist might be more useful to him. In regard to the frequency of questions asked by the therapist, P19 reported that she felt nervous because the therapist asked a lot of questions, nor did she like probing questions. She thought questions examining benefits of a situation were useful. P10 thought probing questions were useful. P11 also thought her therapist asked too many questions. According to P18, who had been in alcohol treatment previously, the therapist did not ask enough questions. He described being accustomed to therapists asking a lot of questions. Questions gave a structure that he found helpful. He reported liking it when his therapist asked questions often. He said that he determined what the therapist was thinking or feeling based on the questions he was asked. The same therapist interviewed another client who said that the number of questions the therapist asked made her feel rushed and that the therapist was trying too hard.

Finally, on the aspect of repetition, PFYD did not like the therapist repeating questions because he thought that what she was asking about was irrelevant. He attempted to tell her this indirectly by switching subjects. He thought she stuck with a particular line of questions because she didn't know what else to say. He was annoyed that the therapist continued asking the same question. When it was apparent that the therapist was not understanding this client's desire to switch subjects, I asked:

JL: what about if she said "seems like you don't like it when I ask about relationships." Then would you be able to tell her?

PFYD: Yes I would've told her, I said well most of my relationships weren't really very long. You know I had a few but I've lost them but they didn't really mean anything you know....You know, there ain't nothing really to talk about, you know.

Clients had similar perceptions of some questions and opposite perceptions of others. Clients who commented on the opening question of "what would you like to talk about today?" all had the same response. They stated that they did not like this as an opening question because it was too abrupt. Clients reactions to probing questions differed. One client did not like probing questions because she thought they were intrusive. Two clients stated that they believed that it is the therapist's responsibility to probe into more depth than an average person can. Finally, one client stated that although probing questions made him uncomfortable, he thought that those questions were necessary to help him change. Clients reactions to thinking and feeling questions also differed. Several clients liked the thinking or feeling questions. Several clients thought the therapist focused on these types of questions too much.

One client stated that she did not like the therapist's direct approach to asking her about suicide. She stated that she would have preferred that he ask about it indirectly. Another client also shared this opinion. She stated that a genuinely suicidal person will lie about their suicidal

thoughts unless the therapist is indirect in her/his approach. One client said that he would have felt less resistance to the therapist if the therapist had asked about his traditions and spirituality sooner in the interview.

Interventions

Interventions were attempts by the therapist to influence the direction of problem resolution. These included a) suggestions, b) generating options, c) statements of hope, d) normalization, e) reinforcement, f) acknowledgement, g) validation, h) giving the therapist's point of view, and i) pointing out conflicting feelings. Nine clients: P10, P11, P12, P14, P15, P16, PFYD, P19, and P20 spontaneously talked about this theme.

The clients' responses to this theme varied according to their interpretation of the therapist's actions. When the therapist gave advice or was more active in the session, the advice was not valued if the client concluded that the therapist was negatively judging him/her. Nor did clients like it if they perceived that the therapist was telling them what to do. If they perceived the therapist's behavior as suggesting, they not only appreciated it, but noted the lack of suggestions if the therapist did not give any.

P15 noted that suggestions would be received more positively if the therapist also took time to seek out the client's ideas on how to resolve an issue. She also stated that the therapist could have explored how to implement the

suggestions more. When the suggestions did not take into account the client's needs or desires, the suggestions were not received favorably. P18 referred to the therapists in his alcohol treatment program:

> P18: Yeah, they try telling me how to, how to do your own life, you know....They can't really tell a person how to change themselves.

When their therapist reinforced their actions, P11, P16, and P20 responded positively. However, P11 commented that the therapist had eventually overused the response.

> P11: Well, he... I told what I was going through and what I've been through and he and he said you... be proud you know and I said I do pat myself on my back every now and then....But I said, I don't want to brag or anything because you know because I was brought up not to do it....So, it was up to other people to compliment you when you did something good... you know

Another client, P10, talked about re-experiencing emotions associated with the issue she was discussing. She believed the therapist was acknowledging those feelings.

> P10: Yeah....I'm feeling the fears of this, this pain and everything else that goes on...around me every day....At least he's bringing it out.

She went on to say:

> P10: he, the way I feel he could sense, I um, I think he says that.....I sense the pain. The fear.

This same client wanted the therapist to be more active:

> P10: Instead of him asking more questions he could've said "well how can I be helpful to you with this?"

Therapists who helped the client reframe problems/situations or helped them discover a new way to

look at a situation were also viewed positively. P16 stated that one therapist gave him something new to think about.

> P16: And then later on in, in here he trys to tell me [what] maybe might work....And I'm considering it now....I never, I never thought about that. Talk to her. You know. I never talk like that.

P16 reached a conclusion about his behavior on his own, but stated that without exploring the issue with the therapist, he never would have reached the conclusion he did.

> P16: Well, if it wasn't for talking to him, he kept on asking questions. He wouldn't have never pulled that out of me.

P13 said the therapist should provide the focusing once the client has identified his/her problem. He also thought it was the therapist's responsibility to probe deeper into his feelings regarding his problem.

> P13: I don't know, it's probably just maybe be a little more perceptive to the, to the hidden feeling.

P14 said that she thought if the therapist helped her with finding her own answers and weighing the consequences of her decisions, the answers would stay with her longer.

Many clients referred to the therapist's objective status. P12 specifically talked about the benefit of talking to a therapist about her problem because the subject is avoided at home. With the therapist she said she felt like she could be honest and tell her everything.

> P12: Well, it's something that doesn't get to get talked about a lot that um, people that I should be able to talk to about it. Like with my family and stuff. Because it's kind of surface you know. You don't get to get into the detail about it all.

> And these people don't know me so I can say, I can be honest with them and tell them everything. You know they don't know me and I, I can say what, do you know what I mean?

Unfortunately, P15 wanted her ex-husband to change. When the therapist said that the two of them could not change the client's ex husband's behavior, P15 thought that counseling was useless.

Generally, clients stated that they preferred a more active therapist. This was particularly true if they requested specific help from the therapist. If the therapist did not respond to requests, the clients were unlikely to invest themselves further in the process. If the therapist appeared judgmental, clients did not want the therapists to give suggestions.

Structure

The theme of structure was any behavior by the therapist that provided the organization of the session. This included: a) the process of counseling, b) assessment, c) direction/focus, and d) minimal encouragers. Nine clients: P14, P19, P16, P13, P11, P15, PFYD, P12, and P10 spontaneously talked about this theme. In general, clients looked for structure and direction from the therapist.

In one interview, the therapist assessed for an eating disorder, depression and suicidality. P11 and the therapist did not have the same definition of binging and this led to confusion between them. P11 also stated that she was confused about why the therapist was asking questions about

each of those areas. She stated that she thought the therapist was intrusive and that she did not feel safe talking to him about those issues. The same therapist assessed for other coping styles of P11. P11 stated that she did not understand the therapist's questions in this area. She suggested that rather than deal with the issue of suicide directly the therapist should deal with it indirectly:

> P11: Well I, it... if I was to say how dark is your depression. I just hate it, it is like grey or black, you know

Generally, clients stated that they would not give therapists feedback about their negative reactions to the therapist or to counseling. PFYD described how he attempted to alter the direction of the session indirectly by changing the subject rather than tell the therapist directly that she was focusing on an inconsequential issue. He stated that he believed this was how most Native American Indians he knows would attempt to communicate this message to the therapist. P12 said that Native American Indians will not come right out and say what is bothering them. She believed that the therapist must provide the structure that would allow clients to reveal themselves.

> P12: Well I think, well at first I think she kind of caught me off guard. Not, she didn't catch me off guard, I thought she was going [to] kind of guide me through. You know and it was just like all of a sudden I'm on the spot and I have to come up with something....Um, I don't know if that's helpful or not helpful. To me it made me speak up and I had, I had to say something.

JL: as a counselor it would be their responsibility to um, get more information

P12: Right....Get the person talking....Because and get the person talk, and I'm sure you know how to get people to talk about certain things. Or... go around whatever and get to the soft spot...You know they ain't going to let you, they ain't just come out and say whatever.

JL: what's bugging them?

P12: Right. You have to have to get in there and search around and but you have to let them know first that, that you understand and I mean the more research you do on, like this is good, the more research you do, the more you know about their culture then they, they'll feel more connected to you.

P13 participated in two role-play sessions. In the second he reported that the therapist provided less direction and he wanted the therapist to be more active. He did not think she was trying to help with the problem. He went on to say that it would be important for the therapist to understand the context of the problem. He had suggestions for ways he thought the therapist could provide more structure or direction:

P13: Maybe ah, maybe set up a questionnaire. You know. Questionnaire of potential things that someone might want to talk about and certain people that are interested in doing this with you than having them fill out the questionnaire like a couple of weeks before they come in. You know. Then you know, okay well this is something that you feel they're concerned with.

For six clients: P10, P11, P14, P15, SDYF, and P19 it was extremely important to know what to expect about the counseling process. This was particularly true for P15:

P15: to explain something like that to them [the clients] I think because this was kind of hard to do. I didn't know what to expect either you know but, but know I feel a little bit better just talking with you... and then you got to know what the heck you're going to expect I know....You definitely have to. Because that's going to, that'll scare you off so fast, they won't come back.

JL: if they said I'm going to help you look at what's in yourself to find the answer to your problem. Even that would be a little more helpful?

P15: Yeah because they got to realize that. They're not going to, you're not going to solve it all... by just you. You know, they got, they got to work with you....Because that's probably why they don't go back. I know I don't, I don't think I'll be going back over there.[to a therapist in Devils Lake].

Another client, P20, wanted the therapist to be more clear about her method of counseling, which he did not feel he understood. He also wanted to be in charge of the agenda for the session rather than the therapist, which he did feel occurred during his session.

Due to the specificity of alcohol treatment programs, I will discuss client's reactions to the structure of them separately. However, their reactions seem to reinforce what has already been stated. Although P18 described liking a highly structured alcohol treatment program, two others, P13 and P16 discussed the problems they had with alcohol treatment programs. One of the problems identified by P13 was a rigid following of the treatment program to the exclusion of genuine concern for the clients in the program. PFYD talked about the therapists only accepting answers from

the client that they, as therapists, thought were correct. He said this interfered with clients' ability to be honest in treatment, and therefore interfered with getting their problem resolved. In contrast to alcohol treatment therapists, he felt differently about the therapist in the study. He stated that he was able to be honest and trust the therapist.

The two clients who addressed formal assessment of specific problem areas stated that they did not feel comfortable with this approach by therapists. They felt that it was intrusive and it put the therapist in the role of expert. Most clients stated that they wanted the therapist to be more explicit about the structure or procedures involved in counseling. Reactions differed on the issue of the rigid structure of alcohol treatment programs. Most clients seemed to expect the structure but also felt it interfered with their getting help.

Client Attitude Toward Counseling

In this section, clients' attitudes toward individual counseling are discussed. This theme included what clients thought they might gain or lose from participating in counseling as well as the modality of counseling and the reasons people seek counseling. I also included clients' references to other sources of support for resolving their problems in this section. If clients did not speak about

this mega-theme spontaneously, I asked them about their attitude toward individual counseling specifically.

The basic feeling expressed by clients was a need to trust the therapist before they would feel comfortable in a counseling relationship. P18 said he thought he would be more likely to receive help from a therapist who listened and seemed like "one of the guys" rather than someone who was there to teach him. Another client, P18, said that he thought it would be more likely to receive help from a therapist that was not so much a "brain doctor" and more of a friend. P16 talked about the importance of feeling hope regarding resolution of a problem. He said that the therapist he was interviewed by helped him feel hopeful.

PFYD said that he did not think it was likely that Native American Indians he grew up with would see counseling as useful, unless they trusted the therapist. He thought this was because of the way they had been brought up to not talk about their true selves or their problems.

Client P16 explained his view of seeking counseling in this way:

> P16: I've been through them AA therapists...they don't care....Like I've been forced to go to them....And I very seldom go to them now....I won't go to them unless its my own idea...I don't care it's court ordered or not....I won't go unless I think it's right.

He later said:

> P16: I had one therapist I was, I was comfortable with, but she got transferred somewhere else. That's when I was still in the prison. She got

> transferred some where else. And that's the only one I trusted.

Other aspects of this theme that clients brought up were their appreciation of the benefits of counseling and the need to be willing participants in the process. Examples follow:

> P14: You know, but even the people that come to the counseling session they're there for a reason and it's ah, it's for them. It's like ah, catharsis

> P15: Well just talking here today with these, I know what I got to do...Because it's um, like I said, I probably had the answer all along, you know. Maybe just wanted someone to hear it.

> P12: So, it, it, ...has to be done. I mean counseling is really helped. A lot of people are have, have a lot of problems in their life you know and have been through a lot in their life and have to deal with it. But aren't given really a chance to deal with it. So a lot of them turn to alcohol and drugs and stuff. And it's the only way to deal with the pain. Because they really don't have anybody to talk to.

I asked P16 "how is it useful to tell a therapist what's bothering you?" He said:

> P16: Somebody to talk to about it. Because it's like my niece, I don't talk about that to nobody....There's nobody that I want to talk to her about it and...because see, with my family, if I went to talk to father, like with my dad he would stick up for her. If I talk to um, my mom she would start sticking up for her. My brother, he would agree with me all the way you know. There's nobody, no medium here. I mean it's...either her side or my side. There's no, no in-betweens here. And where as, when you talk to a therapist, they try to suggest things to you, you know.

He went on to describe other benefits to talking to a therapist:

> P16: Release...to be able to talk to somebody about it. And without that I'm wrong then tell him that she's wrong....Because it is, it is a family fight....But I have to talk to somebody about it....That's all. It's more easier to talk to him because he doesn't know me....And I don't know him.

I told P13 that one problem I was interested in was the low return rate for Native American Indians who sought counseling. He said this:

> P13: You know what, what it seems to be a lot is for them to have the initial meeting. You know, they got to feel pretty, pretty, pretty helpless... and then maybe after they have this meeting and after things lighten up then they won't feel like the problem they had was as severe as what they initially thought.

There were a few instances when clients said they believed that people could not talk to their family about problems and therefore talking to a therapist would be helpful.

> P10: I think you should go talk to a therapist alone to deal with your suicidal and deal with what brought you to do this...And I think that's one thing that, for a person who is suicidal they should deal with it alone, at first and then involve the family. And have the family aware of signs of suicidal....Instead of just having this person go in and talk about it because a lot of times they don't talk, they don't talk everything...Because they hide it...With the family there....They didn't want the family to know. What brought tnis on because a lot of times it could be due to the family....That brought this on.

Another situation where P10 thought individual counseling would be helpful was with children with Attention Deficit Disorder.

> P10: Like my one daughter now with the ADHD I think it's good where she deals with it alone [in

> individual counseling]. Now because if the family's there then she, she's more wild....And she gets more out of it if she's alone....And then there's a one-on-one...She's got all this wanted attention. She doesn't have all these other people where she can go pester.

Clients stated they sought sources of support or assistance other than therapists. They mentioned sources of support which included family, friends and spiritual leaders.

Some saw potential negative consequences for participating in counseling. P12 talked about the psychiatrist that she was seeing:

> P12: But I don't feel that it's really help, I mean I'm given, I'm given drugs....He's giving me drugs to, to deal with it and it's not being dealt with. I don't feel that taking medication is the answer to my problems....The only thing with medication is doing is making it okay for the time being. It's just kind of brushing over it. You know. And putting it all underneath it. But nothing get resolved. Nothings, I'm just being able to deal with life now....But the problems are still going to be there.

> P10: And if they're going into for counseling. They don't want people to know what their background. Because they are afraid that they going to be condemned or be in trouble. With the law...take their kids or like this white person don't like Indians anyway so he's going to try to get them in trouble and lose their kids. They think that way.

> P14: Because when you're a teenager you don't like being cooped up any way when you go to see a therapist when you're a teenager. If feels like you're being punished....You know. And my kid goes to a um, his therapist's office every other day too. That's what he says, he feels like he's punished because you have to sit in this little room and you sit across the desk from him and asks you questions.

When I asked P15 about her ideas on individual versus group or family counseling she said:

> P15: Well maybe you can try something like talking with them. Asked them if they're... see if they're willing to just have you as a therapist. Or else if they're not comfortable maybe suggest the group thing to them you know and it's depend on what their problem is if they want, want other people to hear them, you know....Maybe they'll be more comfortable with another group of Native Americans or a mixed group.

Clients differed in their opinions of reasons for which people sought counseling. P15 thought that only people that were mentally ill, or had a very serious problem would seek counseling services. She said that she worried that she would go to a therapist and be told that her problem wasn't serious enough. She also wanted to know how the therapist would know that the client was finished with counseling.

P12 talked about the barriers to receiving counseling including lack of money, lack of availability of therapists, not knowing enough about the therapists, peoples' lack of knowledge about counseling and inaccessible location of services. She thought therapists being active in the community and having therapists in grade school would reduce some of the barriers.

Generally the clients viewed counseling with a mixture of hope, confusion, and fear. It appeared that an explanation of the counseling process is important to relieve some anxiety and confusion about counseling. Additionally, an explanation could reinforce the hopefulness

clients feel when they seek counseling. It would also be useful for the therapist to know more about: client expectations, what they have heard or thought about the counseling process, what ways they think that counseling will help them, what they have seen or heard from people they know who have been in counseling, and what negative experiences they associate with counseling.

Environment

Various aspects of the environmental mega-theme have been discussed in previous sections. However, in this section, this mega-theme will be further clarified with client responses. Environment referred to any aspect of the room or chair arrangement and the location of counseling services. Four clients: P10, P12, P13, P14, and P20 spontaneously talked about this mega-theme.

P10 talked about the difficulty in maintaining privacy regarding counseling in a small town. She felt so strongly about this that she said she drives three hours to receive counseling in order to protect her privacy. She does not believe that hospitals are good locations for mental health services, although that is where they are located in her community. She also said that she is related to four of the five therapists in her area and this is a barrier to seeking counseling services in her community.

Other clients, P20 and P13, talked several times about the usefulness of home visits and other informal settings.

They stated that they believed the clients would be more comfortable and it would demonstrate a genuine concern by the therapist if the therapist met with them at their home. Another reason they saw this as useful was so that the therapist would gain some understanding of what it is like to live on a reservation.

The environment of a previous counseling session was described by P14 as follows:

> P14: We went to see a counselor. You had to sit on this side of the table and they sat on that side of the desk....You know. Or if there was a couch there. Well then you sat on the couch and they sat on the chair over there.... It's really stiff. And I think um, and [I] went to a psychologist for a while when I was a teenager and he always took me out to the, the park....Or lunch....The cafe or whatever and then we would be talking and stuff. And then if he felt that it was really getting ah, deep or whatever then he would say "lets go for a drive." Then we'd get into the car and drive around. And he'd be talking and looking out the window again.

P14 went on to describe what she believes the ideal environment would be.

> P14: Well if I had my....I was the therapist. I'd make it look like a living room....You know with a big arm chair here, and some end-table and a couch, maybe some flowers on the table. Nice big box of tissues....So that you can use them if anybody cries...box of tissues, instead of having overhead lights I'd have a lamp. And so it would seem more like a business. Like a friend you're talking to.

The clients who mentioned the mega-theme of environment thought that flexibility in location or meeting place would increase the client comfort level with therapists. They also stated that furniture arrangements that were more equal for

both parties and which were decorated like a living room rather than as an office would increase client comfort level.

Cultural Issues

None of the clients specifically referred to the therapist's ethnicity. However, each of the clients knew that this was a study about cross-cultural counseling between Euroamerican therapists working with Native American Indian clients, so perhaps they felt no need to comment on it. At times, the clients referred to their own ethnicity. Occasionally I asked about how they thought other Native American Indians they knew would respond in a similar situation. PFYD reported that he did not feel comfortable talking about how other Native American Indians might respond. P14, PFYD, P10, P12, P13 and P15 did however, spontaneously offer their opinion of how other Native American Indians might react in similar counseling situations. These reactions were noted in reference to other themes through this chapter.

P20 said that he tried several times to get the therapist distracted by bringing up general cultural issues between Euroamericans and Native American Indians. He said that the therapist did not fall for any of his traps and kept the focus on him and the reason he was in therapy. He stated that he thought that was effective on the part of the therapist.

CHAPTER IV

DISCUSSION

In my literature review in Chapter I, I identified two cross-cultural counseling approaches. They were the universalist and the culture-specific approaches. Salzman (1995) created a broader model in which the universalist and culture-specific are two of three levels of conceptualizing cross-cultural counseling. The third level is the idiosyncratic. These levels are conveyed by Kluckhohn and Murray's (1953, as cited in Salzman, 1995) proposition that "every human being is in some respects like all other humans, like some other humans, and like no other human."

The universal level emphasizes commonalities of human experience that transcend culture. The culture-specific level emphasizes the idea that the manifestations of those experiences may differ between cultures. The idiosyncratic level proposes that people within those cultures differ in their reactions to situations based on previous experiences unique to each individual.

Salzman (1995) asserted that psychology has attended to the universal and idiosyncratic aspects of humans, however has ignored the culture-specific aspect of humans. Historically, Euroamericans have assumed their experience

and point of view are the ultimate standard for interpreting all human behavior. In order to alter this perspective, cross-cultural researchers have focused on culture-specific information. This includes learning about the natural helping mechanisms within a specific culture, finding out how people of that culture perceive the meaning of their suffering and determining how they believe change will occur (Nwachuku and Ivey, 1992)

According to the Native American Indians I interviewed, there are necessary elements that must be present before they will decide whether to participate in the counseling relationship with a Euroamerican therapist. There were a number of aspects of the therapist's behavior for which the Native American Indians in this study had differing perceptions. Although I have separated their perceptions into each of the three levels of human experience, each perception contains aspects of all levels of the cross-cultural conceptualization model of Salzman (1995).

Client Perceptions of Therapist Behaviors Within the Universal Level

In studying the statements made by clients during the interviews, there was consensus about issues of the relationship with the therapist which are also within the parameters of general counseling approaches. These included the necessity of establishing trust, communicating genuineness, respect and empathy.

The clients' perception of the relationship with the therapist impacted their decision about how much to disclose to the therapist. The relationship aspects that clients discussed bore a striking resemblance to Rogers' core conditions. The three core conditions for growth or change, identified by Rogers (1961) were considered necessary by the clients but not sufficient for them to decide to interact with the therapist. Genuineness, unconditional positive regard and empathy increased the clients' comfort level with their therapists, enabling them to talk with the therapists about their presenting issue. If those conditions were not present, they stated that they were not willing to invest themselves in the counseling process. The clients in my study reported that if they did not feel some connection with the therapist, they did not think it was worthwhile to talk about their problems or listen to suggestions from that therapist.

According to LaFromboise, Trimble and Mohatt (1990) client centered therapy is not a culturally relevant theory for American Indian clients, particularly because of the passive nature of the approach and its emphasis on the therapeutic relationship. It is possible that Martin's (1983) definition of empathy, which is: "a communicated understanding of the other person's intended message" (p. 3) fits better with the approach the Native American Indians reported wanting and needing from therapy. They described

wanting the therapist to be active and to do more than simply reflect back to them what they were saying.

Martin's evocative empathy describes the process whereby the client perceives the therapist as deeply understanding what he/she is trying to communicate. Martin explains that a therapist also must reflect back to the client what the client has implied in her/his communication. Martin says that the goal of evocative empathy is to "get as far ahead of the client as you can but have the client recognize what you say as part of what he/she meant" (p. 26). If the therapist is on this leading edge of what the client has said the reaction from the client would typically be, "yes, exactly" rather than, "yeah, I just said that." Martin (1983) states that the intent of this method of counseling is to bring the client's experience to life so that he/she is able to deal with it and find his/her own truth, not to cleverly guide the client toward the truth from the therapist's point of view. There is an assumption that clients are capable of finding their own solution with help from the therapist. He states that the role of the therapist is not to be the expert, but to approach problem resolution collaboratively with the client. The therapist provides the structure and medium for change, but the client supplies the direction and content. This corresponds to what clients reported. It was important to them that they and the therapist approach their problem collaboratively. They did

not want the therapist to be in a "one-up" position, and if they felt "one-down", they were not willing to engage in the counseling process with the therapist.

Martin's concept of evocative empathy addresses an issue raised by several clients. They wanted to know that the therapist understood them, but they also wanted something beyond simple reflection of what they had just said. They wanted to know that the therapist was truly concerned with them, understood what they were saying and was not judging them. They also wanted the therapist to be active, but not to decide what direction or content area would be explored. It is clear then, that some of what Native American Indians in this study viewed as important for individual counseling to be useful appears to be universally held and may transcend cultural differences.

Client Perceptions of Therapist Behaviors Within the Culture-Specific Level

I identified several themes where there was a strong consensus among the Native American Indians that exemplified the culture-specific level. These appeared to differ from what is widely believed about effective counseling in the Euroamerican culture.

As noted earlier, the importance of trust in the therapist is likely one aspect of therapy that transcends culture, at the same time behaviors that contributed to their trust were more culturally specific. Several behaviors

by the therapist contributed to or hampered the Native American Indians' trust in the therapist. These included therapist self-disclosure, pace, listening, providing structure or information about the nature of counseling, and dressing similarly to the client. This may be true for clients from cultures other that Native American Indians. Informed consent is part of training programs, however, it is left to each individual therapist how much or what to communicate about the counseling process to clients.

Although several authors have predicted that Native American Indians would not see individual counseling as helpful, the clients in my study had many different reactions to the question of the usefulness of individual therapy for American Indians. Many clients identified situations where they believed that individual therapy would be useful and discussed the benefits of therapy. Several clients suggested problems that could best be addressed by individual therapy which included suicidality, Attention Deficit Disorder, and problems that families do not want to discuss. Their conclusions were based on the degree to which they felt they could trust their therapist. The more trust they felt, the more positively they rated their interactions with the Euroamerican therapists. In general, clients viewed individual counseling as positive if they entered counseling freely without any aspect of coercion. An example of what they meant by coercion is giving clients a choice of

counseling or legal consequences. The idea of individual counseling as useful is contrary to much of the theoretical literature about Native American Indians. One possible explanation for the discrepancy may be acculturation level of these particular participants. Another explanation may be due to selection bias. The Native American Indians willing to participate in this study may have been predisposed to see some value in individual counseling or they would not have given their time and effort to the study.

However, they also identified disadvantages of counseling, which included having children taken away, being treated in a condescending manner, being forced to enter counseling, and being given medication for the problem but not dealing with the problem. Even if they believed counseling to be useful, they identified barriers to seeking or receiving services. These included location, lack of availability of therapists, lack of knowledge about counseling, and lack of money. In Atkinson, Jennings, and Liongson's 1990 survey about minority persons' reasons for not using counseling services, they found that the perceived unavailability of culturally similar or sensitive counselors was a more important deterrent for those who strongly identified with their ethnic culture rather than for the bicultural or acculturated minorities. In my study this was not as much a barrier that clients described as others, such as location, accessibility, and money for mental health

services. One similarity in the lack of use of mental health services was that American Indians in my study identified other sources of help that they would seek out first.

Confidentiality policy was addressed indirectly in the study, but one participant in the pilot study felt very strongly that legal exceptions to confidentiality interfere with or deter clients from seeking counseling. People come in and want to learn how to stop abusing their children, and they are reported for abusing their children in a process that is very shameful for the parents. This does not facilitate openness or trust in the counselor's ability to be their ally and work with them on resolving the problem.

Clients wanted the counseling process to be explained to them prior to entering a counseling relationship. Also, their attitude toward counseling was greatly affected by their expectations, what they have heard or thought about the counseling process, what ways they thought that counseling would help them, what have they seen or heard from people they know who have been in counseling, and previous counseling experiences. These clients wanted to know what to expect from therapy and how their problem would get resolved. The question then becomes how to strike a balance of exploration of these issues with presentation of the problem in the first session. Obviously, this balance will depend on the client's needs. A subsequent question is how to assess the client's needs in the first session.

Native American Indian clients clearly stated that they wanted gradual exploration of the reasons for which they sought counseling rather than addressing this directly in the beginning of the session. They stated that they needed time to get to know the therapist, and for the therapist to get to know them in order to feel comfortable talking about their problems. They felt that if the therapist began exploring their reasons for seeking counseling too soon, it was intrusive.

This issue of pace of the counseling session was particularly fascinating because of the external influences that therapists experience in this process. Increasingly, the length of service to clients is determined by insurers or other agencies who pay for counseling and there is a strong push for therapists to be efficient and cost effective in providing services. Without researchers studying the impact of haste on problem resolution, this will likely continue, possibly to the detriment of service to clients, particularly Native American Indians.

Lafromboise, Trimble and Mohatt (1990) state that Native American Indians fear that therapists will try to influence them rather than help resolve their problems. Consistent with Dauphinais, Dauphinais and Rowe (1981) clients wanted the therapists to be more directive in the interviews, but not if that meant that the therapist was imposing her/his views on the client. Highly directive

behavior was received more positively if the therapist thoroughly explained what he/she was suggesting or if the therapist obtained the clients opinions as well as giving suggestions.

Vontress (1971) described the lack of self-disclosure by the therapist in cross-cultural counseling situations as a barrier to effective therapy. Self-disclosure gave the client an additional context to learn about the therapist. The majority of people role-playing clients in my study indicated that they were more able to trust counselors who self-disclosed during the interview. When the therapist self-disclosed more, the clients felt more connected to them, enabling the clients to disclose more to the therapists.

Littrell and Littrell (1982) studied college students' preferences for counselors based on attire. American Indians preferred counselors who dressed fashionably and up-to-date and the counselors wearing conservative and out-of-date clothing were least preferred. American Indian clients in my study stated they felt more comfortable with therapists dressed casually and similar to their own manner of attire. The clients saw formal dress by therapists as a message that the therapist had the power and authority in the relationship.

The clients' attention to the seating and room arrangement also had to do with messages about power and

control. If the therapist sat across from a desk the clients felt less comfortable. Several stated that they thought they would feel more comfortable to meet in informal settings for therapy, such as the client's home, in a car, or in a restaurant. All of Littrell and Littrell's subjects preferred counselors of the same sex. No subject in my study addressed the gender of the therapist although there were same-gender and cross-gender role-plays.

The data in my study seemed to confirm the findings of LaFromboise and Dixon (1981) and LaFromboise, Dauphinais and Rowe (1980) that American Indians' perception of cultural sensitivity and trustworthiness was an important factor in working with a therapist. Clients who did not feel judged and who perceived a willingness by the therapist to hear about their traditional beliefs said this increased their trust of the therapists. Clients stated that if they did not like the way a counseling session was proceeding, they would not tell the therapist directly, but would attempt to influence the therapist indirectly.

In summary, those issues which seem specific to Native American Indians included the pace of problem exploration, directiveness of the therapist, therapist attire and self-disclosure by the therapist. Clients wanted problem exploration to be gradual. They wanted the therapist to be directive as long as they felt respected and understood. They reported feeling more willing to talk freely with

therapists who used self-disclosure. Finally, clients felt more comfortable with therapists who dressed casually. It remains unknown whether these preferences apply to other Native American Indians or to other tribes.

Client Perceptions of Therapist Behaviors Within the Idiosyncratic Level

Many of the perceptions of therapists' behaviors varied within the group of participants of my study. These appear to reflect Salzman's domain of idiosyncratic factors. A lack of consensus among the clients about preferences was the basis of identifying these as idiosyncratic. The themes and sub-themes in this level included listening behavior, probing questions, feeling questions, repetitious questions, frequency of questions, discussion of traditional beliefs, age of the therapist and amount of eye contact.

There was no consensus for the age of their therapists. Those clients who expressed preference for therapists the same age as them did so because they thought the therapists could better relate to them. Those clients who reported preference for therapists who were older than did so because they assumed those therapists had more counseling experience.

There was more agreement about what behaviors implied that the therapist was not listening than what behaviors implied the therapist was listening. There was considerable variability with comfort and desire for certain types of eye

contact, contrary to a commonly held belief that Native American Indians are not comfortable with direct eye contact. For example, some subjects wanted the therapist to maintain eye contact, while direct eye contact made other clients uncomfortable. Many clients commented on the therapist's listening behavior. Clients inferred that the therapist was listening if they received non-verbal cues such as body posture, head nodding, remembering what the client said earlier, answering the client immediately, and using minimal encouragers. If the therapist interrupted, repeated questions, changed the subject, asked about something the client had already told the therapist or if the therapist missed an emotionally intense issue the clients inferred that the therapist was not listening to them.

Clients had numerous and varied perceptions of therapist questions. One client thought that a therapist asked too many questions. Another client thought that this same therapist did not ask enough questions. Several clients said they liked questions about what they were thinking or feeling. They said those questions helped them focus on new perspectives on their problems or that the questions communicated a genuine interest on the part of the therapist. Several clients liked repetitious questions because they thought that took them deeper into the problem, whereas one client felt the therapist wasn't listening to

his answers, so she needed to continue repeating the question. Many clients reported that probing questions were uncomfortable. Some of those clients thought that even though the questions were uncomfortable, they were useful, while other clients who were uncomfortable with the probing questions thought the therapist was being intrusive.

Exploring traditional practices of American Indians was a way to increase trust in some cases, but not for others. One person in the pilot study thought that by telling a therapist about his/her personal beliefs, the therapist would attempt to change them, therefore the client said he would not discuss his beliefs with the therapist even though his beliefs were a source of strength to him. Another participant, however, reported that he was glad the therapist had asked him about his traditional beliefs and that he would have opened up more if the therapist had asked about his spirituality and beliefs sooner.

The match of personality and relational styles for clients and counselors affected greatly the clients' feelings about an interview. Several times during the study, one therapist's style worked well with one client and poorly with another. This suggests that there is no particular style most useful for all Native American Indians.

Summary of Salzman's Model of Cross-Cultural Counseling

Salzman's (1995) broader model of three aspects of human experience seems to be a framework that accounts for

the wide variety of Native American Indian client perceptions about Euroamerican therapists' behaviors. It is conceivable that a therapist reading this paper would say, "I already knew that was important and I do that all the time" in response to the relationship issues. It is also conceivable that Euroamerican therapists would alter some of their behavior when working with Native American Indians in order to establish and maintain trust. Finally, it is imperative that therapists remember that each person is a unique individual with an infinite number of experiences which form the basis for making meaning of human interactions.

CHAPTER V

SUMMARY, CONCLUSIONS, RECOMMENDATIONS, AND REFLECTIONS

Summary of the Study

This study was an attempt to determine whether individual counseling is a useful modality for Native American Indian clients and if so, to help Euroamerican therapists make more informed choices in this particular cross-cultural counseling context. Eleven Native American Indians participated in a role-play counseling situation with seven Euroamerican therapists. Following each role-play, I interviewed each Native American Indian about their perception of the therapists' behaviors. Each of the interviews I conducted were transcribed and studied for themes. These interviews provided a rich and diverse collection of themes which were grouped into mega-themes of client and therapist relationship, counseling process, attitude toward counseling, environment and general cultural issues. In this chapter, I discuss how these results relate to the body of cross-cultural research.

Limitations

This study was an exploration of Native American Indian clients' perceptions of therapists and counseling. There are several factors which directly affect the outcome of this

study. Two characteristics of the Native American Indian participants themselves are relevant. The results of this study are influenced by the characteristic of willingness to engage in an exploration of the counseling process and by the cultural heritage of each participant. Although all the subjects in this study lived on or near reservations, I did not assess acculturation level of the subjects therefore it is difficult to draw conclusions about these results and their relation to acculturation level. As an Euroamerican researcher attempting to learn about the perspective of Native American Indians I may not be able to step outside my own set of cultural beliefs sufficiently to attend to factors which are highly relevant within the Native American Indian culture, but not to the Euroamerican culture. Finally, this method involved using multiple Euroamerican therapists interviewing multiple Native American Indian clients.

The participants were Native American Indians from three northern plains reservations. Each Native American Indian tribe is distinct and has its own history. This distinctiveness is enhanced by geography and unique set of beliefs. Participants' opinions varied considerably in what aspects of their interviews they placed emphasis on and which behaviors on the part of the therapist they considered important. Furthermore, these subjects were all from rural areas, and the generalizability to American Indians living

in urban areas is limited. My perspective as a Euroamerican researcher may also have resulted in obtaining less than the entire picture of the phenomena of this cross-cultural situation. There were different therapists interviewing the clients, thus some of the themes the clients responded to may be the result of individual differences in the therapist's behavior and emphasis.

Conclusions and Recommendations

In this study I addressed the questions of whether individual counseling is a useful modality for Native American Indian clients and if so, what are specific behaviors that would be useful for Euroamerican therapists working with this population. Based on the interviews and thematic analysis, Native American Indian participants in this study reported that they thought that individual counseling is a useful modality, but they also expressed reservations about being forced to enter counseling. Therapists in this study were more likely to establish a trusting relationship if they used self-disclosure with the clients, if they communicated genuineness, unconditional positive regard and empathy, and if they explained to the client the counseling process from their point of view. Unless the clients in this study felt they were beginning to have a positive relationship with the therapist, they were unwilling to explore their presenting problem very deeply. If therapists have questions about whether to explore a

particular area with Native American Indian clients or to assume certain cultural characteristics apply to a specific client, it may be in their best interest to discuss those questions with with the client rather than decide for themselves.

Implications for Multi-Cultural Counseling

In Chapter I, I discussed APA and ACA's call to counselors and psychologist to be competent multi-cultural counselors and psychologists. It has been difficult to define what constitutes a competent multi-cultural counselor or psychologist. It has been particularly difficult to identify specific skills that are effective in cross-cultural counseling or psychotherapy. Based on the interviews, I have reached the following conclusions. First, Pedersen's (1977) triad model of cross-cultural counseling addressed the issue of attending to clients' non-verbal response. A counselor might consider whether a miscommunication was occurring if the client's response is contrary to what is expected. The therapist's perception of a miscommunication should be processed immediately with the client. Thus a skill that consists of a therapist's ability to note and process these instances would increase her/his effectiveness as a therapist. I was at times surprised by the participants' interpretation of a therapist's behavior. It is possible that at these moments, there was miscommunication between the therapist and the client.

The relationship-forming skills typically emphasized in training programs are useful, but the emphasis on certain behaviors may be different for Euroamerican therapists when working with Native American Indians. Specifically, therapists could use self-disclosure more frequently in initial sessions, therapists could offer comments that convey meaning that is sometimes left for non-verbal communication, and therapists could spend more time transitioning into problem identification. However, they may want to discuss issues such as eye contact when clients appear uncomfortable rather than assume that Native American Indian clients do not want direct eye contact. Regarding the counseling process, therapists could explain how they see the counseling process helping individuals, they could explore client expectations and fears about the process, and be more structured about the process but not directive about outcomes.

The issues discussed above have differing perspectives of importance for each individual, therefore, it would appear that incorporating into training all three levels of human experience, the universal, culture specific and idiosyncratic would be useful.

Future Research

Future research could address the issue of level of acculturation. It is possible that some of what looked idiosyncratic may be a result of acculturation. Participants

from a broader Native American Indian sample including those living in cities, with some higher education, from different tribes or any number of other factors would increase generalizability of culture-specific information. This would address issues of the impact of higher education on these findings as well as what people living apart from their traditional communities find helpful. Also, follow-up interviews with the subjects after coding and interpreting the data would give them the opportunity to explain further or disagree with the researcher's interpretation. Another possibility would be to conduct a study where the therapist and the client engage in a series of interviews to learn more about the on-going counseling process.

Reflections

Numerous times during the writing of this dissertation, members of my committee asked me to write a section about what I would tell therapists to do differently, a "how to" of Euroamerican therapists working with Native American Indians clients. When I had started out this project, a list of suggestions for specific behaviors is exactly what I hoped to find. I have been reluctant to write such a section for fear of over-generalizing and over-simplifying a complex issue. After conducting this research, I am left with a new set of questions. In this section, I focus on my subjective experience of the intensity with which clients discussed certain themes and questions generated from this study.

Clearly, clients preferred more casual attire by therapists. A common phrase depicting individuals with authority on reservations is "that person is a suit." Thus, formal dress connotes a power differential to the client which results in a perception of the therapist as unapproachable. If the therapist is wearing more formal attire, the client may be reluctant to engage in the counseling process.

One issue that has been particularly difficult to write about is the clients' sense of the authenticity of the concern of the therapist. I believe that the clients' answers were somewhat influenced by my question of how they knew the therapist's concern was real because first they would reply that they "just knew." Upon further questioning, they described what they could see of the therapist. However, their descriptions of non-verbals varied across a wide continuum thus, the realness came through regardless of the therapists' eye contact or posture. Therefore although I am convinced that the communication of authenticity, respect, and empathy is vital in the process of connecting with Native American Indian clients as with Euroamericans, how to know when a therapist is being authentic and how to communicate that to clients remains in the intuitive realm rather than moving into observable, specific behaviors. Therapists could convey authenticity by being aware of their

inner reactions or thoughts and being honest about them with the client.

Most of the participants in my study chose to talk about struggles they were currently experiencing even though they had the option to make up a scenario. The participants revealed highly personal information in order to help me understand their perspective of the counseling role-play. I believe the level of trust by the clients in this study was facilitated by my self-disclosure about my struggles in connecting and providing therapy to Native American Indian clients and about the purpose of this research. Therefore, a therapist might disclose about a similar situation she/he faced in the past in response to specific client issues. The use of self disclosure was highly effective for therapists in this study, however the questions of when to use it, how much to use it, how to monitor whose needs are being met by the use of self disclosure remain important for each therapist to consider.

Clients reported not knowing what to expect in therapy, and at times not understanding why a therapist was talking about one part of their story rather than another part or why the therapist was asking certain questions. Therefore, educating clients about what they can expect from therapy and clarifying not only the counseling process but specific interventions within the process and the purpose of informal assessments during counseling sessions may facilitate client

trust and openness. It may be beneficial to let the client know that therapy can be uncomfortable or that it can be painful to explore his/her struggles. When clients had a negative reaction to something the therapist was doing or saying, I would ask a process question, to which clients were able to respond. The response enhanced my understanding of the client's perspective. The process question increased the client's awareness of the therapist's perspective.

It seemed difficult for clients to know how or where to start, therefore the initial part of the session may be a useful place for the therapist to talk very specifically about the process of therapy and about her/himself as well as to explore client expectations and previous counseling experiences. Obviously, the depth of this explanation will depend on client needs. Therapists can increase effectiveness of analysis of client needs by discussing that decision with the client. If therapy is an empowering process, then the client is the best equipped to know and make the choices that would work best for him/her. Because there are many times throughout the counseling process that a therapist makes decisions, it seems important to be aware of when and how those decisions are made with involvement by the client.

Another issue that was raised in this study is the degree to which clients felt able to talk about negative responses to the therapists or to the study. I discussed

this with one of the Native American professors in the Counseling Department. She said that as she read a transcript, she heard me talk very explicitly about a therapist's misunderstanding of the issue the client was discussing, the client was able to have her point of view voiced, and she could then acknowledge what was occurring. The pattern that emerged from my interactions with the clients and through the counseling role-plays was that clients would attempt to express a negative point of view indirectly. These attempts to alter a therapist's behavior might easily be overlooked by therapists, therefore losing valuable information about the therapy. Therapists may interpret the indirect behavior as avoidance and continue to approach that issue, without realizing that the client is attempting to influence the therapist indirectly in order to be respectful. The interpretation of indirect communication by Native American Indian clients once again moves away from the idea of identifying specific verbal and non-verbal behaviors therapists that are effective with this population.

I am left with a feeling of optimism regarding the question of whether Euroamerican therapists can be effective with Native American Indian clients using individual therapy. My understanding of the message from the Native American Indians who participated in this study is that individual counseling is helpful for Native American Indians

in certain situations. In order for therapists to be effective in this cross-cultural context, they must attend to all levels of human experience, the personal, cultural and the universal.

APPENDIX A

I am interested in your point of view about the interview. In order for me to see this from your point of view I need you to tell me some of the things that you were thinking or feeling during the interview. You might have noticed thinking or feeling a certain way at different times during the interview. The reason I have the video tape is to help you remember certain things. We will begin watching the video tape and I want you to start talking as soon as you notice something about the therapist that you think will help me see it from your point of view. Sometimes I will stop the tape if I notice something and I want to ask you about it specifically. My intent is to see this from your point of view as much as I can so anything that you can tell me about what you were thinkng or feeling will help. The therapist knows that I am interviewing you and also wants to be able to be more helpful to Native American clients. Whatever you can tell us about the interview will be helpful.

APPENDIX B

CONSENT FORM A

You are invited to participate in a study regarding the counseling process for Non-Native American Counselors working with Native American clients. You were selected as a possible participant because you are in either the Doctoral program in Clinical or Counseling Psychology. Please read this form and ask any questions you may have before agreeing to particpate in this study.

The purpose of this study is to examine the counseling process for Non-Native American counselors and Native American clients. I am interested in identifying specific behaviors or statements made by counselors that are either useful, effective, unhelpful, or offensive.

Procdeures:

If you decide to participate, you will be asked to interview two separate Native Americans who have agreed to role play a problem identified for them by the principal researcher, Jayne Lokken. These interviews will be video tape recorded and used to identify specific behaviors or statements on your part that were particularly salient to the client. The total time required will be two hours.

Risks and Benefits of Being in the Study:

The benefit to participating in this study is in learning about how you work with clients from a different culture than your own, specifically, Native Americans. It is likely that in your work as a counselor you will encounter Native American clients, and through participating in this study, you will receive feedback from the clients about your behavior and statements. This will give you the opportunity to try some techniques, watch the client's reaction, and process the interaction with the client.

Confidentiality:

The video tapes will be used to demonstrate specific interactions between the counselor and the client, however you will not be identifiable by sight. Your name will not be linked with the video, nor with the post-interview feedback from the client. In any report that might be published, no information will be included that makes it possible to identify an individual. Records will be kept in a secured room, only the researcher and her advisor will have access to them.

Voluntary Nature of the Study:

Your decision whether or not to participate in this study or to provide any demographic or personal information will not affect your current or future relations with the University of North Dakota, the Counseling Department, or any of the researchers involved in any way. If you decide to participate, you are free to withdraw at any time without affecting those relationships.

By participating in the interviews, you give permission to the principal reseacher, Jayne Lokken, and Dr. Barke' to use the video tapes to demonstrate cross-cultural counseling and for use as data in future research projects.

Contacts and Questions:

The researcher conducting this study is Jayne Lokken. You may ask any questions you have now. If you have questions later, you may call her at (701) 777-7418. You will be offered a copy of this form to keep.

Statement of Assent/Consent:

Your signature below indicates assent. Please also indicate in the list below whether you agree to allow these videos to be used in future research and training. Check all that apply.
I have read and understand the above information, furthermore:

_____ I agree to allow Jayne Lokken to use my interviews for her dissertation data.

_____ I agree to allow my interviews to be used in future research.

_____ I agree to allow my interviews to be used for training purposes.

Signature of Student _____ Date _____

APPENDIX C

CONSENT FORM B

You are invited to participate in a study regarding the counseling process for Non-Native American Counselors working with Native American clients. Please read this form and ask any questions you may have before agreeing to particpate in this study.

The purpose of this study is to examine the counseling process for Non-Native American counselors and Native American clients. I am interested in identifying specific behaviors or statements made by counselors that are either useful, effective, unhelpful, or offensive.

Procdeures:

If you decide to participate, you will be asked to role play a counseling situation with a student who is working on his/her Masters or Doctorate in Counseling at the University of North Dakota. Following each role play, you will be asked to discuss the interview with the principal researcher, Jayne Lokken. These interviews will be video tape recorded and used to identify specific behaviors or statements by the counselor that were particularly noticeable to you. The total time required will be four and a half hours.

Risks and Benefits of Being in the Study:

The benefit to participating in this study is in assisting counselors learn more effective ways of working with Native American clients. Furthermore, you will be paid $10.00 an hour for your time. You will also be reimbursed for milage, one nights logding and meals for one day according to North Dakota state rates.

Confidentiality:

The video tapes will be used to demonstrate specific interactions between the counselor and the client, therefore, you will be identifiable by sight. Your name will not be linked with the video, nor with the post-interview feedback. In any report that might be published, no information will be included that makes it possible to identify an individual. Records will be kept in a secured room, only the researcher and her advisor will have access to them.

Voluntary Nature of the Study:

Your participation is voluntary and you are free to withdraw at any time without penalty. By participating in the interviews, you give permission to the principal reseacher,

Jayne Lokken, and Dr. Barke' to use the video tapes to demonstrate cross-cultural counseling and for use as data in future research projects.

Contacts and Questions:

The researcher conducting this study is Jayne Lokken. You may ask any questions you have now. If you have questions later, you may call her at (701) 777-7418. You will be offered a copy of this form to keep.

Statement of Assent/Consent:

Your signature below indicates assent. Please also indicate in the list below whether you agree to allow these videos to be used in future research and training. Check all that apply.

I have read and understand the above information, furthermore:

_____ I agree to allow Jayne Lokken to use my interviews for her dissertation data.

_____ I agree to allow my interviews to be used in future research.

_____ I agree to allow my interviews to be used for training purposes.

Signature of Participant _____ Date _____

APPENDIX D

MEGA-THEMES, THEMES, AND SUB-THEMES

1. Relationship with the Therapist

Therapist Attitude/Emotion

phoney, faking, genuine, warm, judgement, nervous, humorous, acceptance, concern, money, job, equality, friendlike, interest, congruence, boundaries, committment

Therapist Appearance

clothes, hair

Therapist Age

Therapist Language

Therapist Listening Behavior

non-verbal behavior: eye contact, hand movements, head nodding, voice volume, facial expressions, interruptions, touch, body posture, silence changing the subject on a client, nonsequitors, interpretations, being wrong, not answering a client's questions

Therapist Self-Disclosure

about self, past, present, reactions to client, letting client know what therapist is thinking

Previous Counseling Relationships

2. Counseling Process

Pace

Questions

opening, probing, repeating, direct/indirect, feeling, thinking, amount, specificity, anyone could ask

Interventions

suggestions, generating options, statement of hope, normalization, reinforcement, acknowledge/validate

Structure

process of counseling, assessment, direction, focus, minimal encouragers, fill in the blank sentences, small talk

3. Attitude toward Counseling

shame, trick/test counselor, client expectations, other sources of help, use against you, benefits, release, catharsis, insight, neutral third person, connecting past and present, changes in life

4. Environment

office, home, extended demonstrated interest, car, position of desk, atmosphere of room, location, access, affordable

5. General Cultural Issues

racism, spirituality, general issues not personal, trust

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